Zambia Prevention, Care and Treatment Partnership II (ZPCT II)

(Public Sector HIV/AIDS Service Delivery Support Program in Zambia)

Work Plan

June 1 – December 31, 2010

Submitted June 1, 2010

This publication was prepared by Family Health International as per the terms of Task Order #GHH-I-01-07-0043-00 for review by the United States Agency for International Development/Zambia.

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Abbreviations

ADCH	Arthur Davison Children's Hospital
AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Care
APAS	Annual Performance Appraisal System
ART	Antiretroviral Therapy
ARV	Antiretroviral
ASAZA	A Safer Zambia
ASW	Adherence Support Worker
CARE	CARE International
CBO	Community-based Organization
CDC	Centers for Disease Control
CHAI	Clinton Health Access Initiative
CHAMP	Comprehensive HIV/AIDS Management Program
CHAZ	Churches Health Association of Zambia
COPI-OVC	Community-Based Prevention Initiative for Orphans and Vulnerable Children, Youth and other Vulnerable Populations Program
COMET	Community Empowerment through Self Reliance
COP	Chief of Party
CRS	Catholic Relief Services
CT	Counseling and Testing
DATF	District AIDS Task Force
DBS	Dried Blood Spot
DHIO	District Health Information Officer
DMO	District Medical Office
DHS	Demographic Health Survey
DTC	Drugs and Therapeutics Committee
EID	Early Infant Detection
EMG	Emerging Markets Group
EQA	External Quality Assistance
FBO	Faith-Based Organization
FHI	Family Health International
FP	Family Planning
GBV	Gender Based Violence
GDA	Global Development Alliance
GIS	Global Information System
GNC	General Nursing Council

GPRS	General Packet Radio Service
GRZ	Government of the Republic of Zambia
HAART	Highly Active Antiretroviral Therapy
HBC	Home-Based Care
HCW	Health Care Worker
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HQ	Headquarters
HVAC	Heating Ventilation and Air Conditioning
IEC	Information, Education and Communication
IPT	Intermittent Preventive Treatment (for malaria in pregnancy)
IQC	Internal Quality Control
IYCN	Infant and Young Child Nutrition
JICA	Japanese International Cooperation Agency
KCTT	Kara Counseling and Training Trust
LMIS	Laboratory Management Information System
MC	Male Circumcision
MCP	Multiple Concurrent Partners
M&E	Monitoring and Evaluation
MIS	Management Information System
MNCH	Maternal, Newborn and Child Health
MoH	Ministry of Health
MSF	Médicos Sin Frontiers
MSH	Management Sciences for Health
MSL	Medical Stores Limited
NAC	National HIV/AIDS/STI/TB Council
NGO	Non-governmental Organization
NPU	National Pharmacovigilance Unit
NZP+	Network of Zambian People Living with HIV/AIDS
OGAC	Office of the Global U.S. AIDS Coordinator
OI	Opportunistic Infection
OR	Operations Research
OrgCap	Organizational Capacity Assessment Tool
PCR	Polymerase Chain Reaction
PEPFAR	President's Emergency Plan for AIDS Relief
PLHA	People Living with HIV/AIDS

PMO	Provincial Medical Office
PMTCT	Prevention of Mother-to-Child Transmission
POC	Point of Care
PwP	Prevention with Positives
QA/QI	Quality Assurance/Quality Improvement
RAPIDS	Reaching AIDS-Affected People with Integrated Development and Support
RH	Reproductive Health
SAWSO	The Salvation Army World Service Office
SCMS	Supply Chain Management System
SFH	Society for Family Health
SI	Social Impact
SIU	Strategic Information Unit
SLMTA	Strengthening Laboratory Management Toward Accreditation
SMS	Short Message System
SOP	Standard Operating Procedure
STAMPP	Strengthening TB, AIDS and Malaria Prevention Programs
STI	Sexually Transmitted Infection
STTA	Short-term Technical Assistance
SUCCESS	Scaling Up Community Care to Enhance Social Safety Nets TB Tuberculosis
TB	Tuberculosis
TBA	Traditional Birth Attendant
TSA	The Salvation Army
TWG	Technical Working Group
UNICEF	United Nations Children's Emergency Fund
USAID	United States Agency for International Development
USG	United States Government
UTH	University Teaching Hospital
WHO	World Health Organization
ZISSP	Zambia Integrated Systems Strengthening Program
ZPCT II	Zambia Prevention, Care and Treatment Partnership II
ZPI	Zambia Led Prevention Initiative

I. Introduction

This document presents the work plan for the Public Sector HIV/AIDS Service Delivery Support Program in Zambia (ZPCT II) for the period June 1, 2010 to December 31, 2010. ZPCT II is a five year (June 1, 2009 – May 31, 2014) Task Order (#GHH-I-01-07-0043-00) between Family Health International (FHI) and the U.S. Agency for International Development (USAID) through the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) with a ceiling of US $124,099,097.

Strengthening the Zambian National Health System: ZPCT II works with the Government of the Republic of Zambia (GRZ) to strengthen Zambia's national health system by maximizing five strategic cornerstones—access, equity, quality and sustainability in the delivery of comprehensive HIV/AIDS services. ZPCT II's goal is two-pronged: to reduce death and illness caused by HIV/AIDS and to leave the national health system better able to meet the priority health needs of all Zambians.

ZPCT II works in direct partnership with the Ministry of Health (MoH) and the National HIV/AIDS/STI/TB Council (NAC) and aligns all program activities and inputs with Zambia's *National Health Strategic Plan 2006 – 2010.* The *Strategic Plan* envisions "equity of access to assured-quality, cost-effective and affordable health services as close to the family as possible." ZPCT II shares this GRZ vision in which all Zambians – regardless of location, gender, age, race, and social, economic, cultural or political status – have equal access to HIV/AIDS services in the communities where they live. ZPCT II takes an integrated health response approach that views effective delivery of HIV/AIDS services not as an end, but as an opportunity to forge a stronger overall health care system. Integrating services, engaging communities and strengthening major system components that affect delivery of all services are the foundation of ZPCT II programming.

Scaling Up HIV/AIDS Services: ZPCT II will maximize coverage by scaling up support from the current 39 districts to 40 districts and then to all 42 districts in the five target provinces of Central, Copperbelt, Luapula, Northern and North Western by the end of life of project (LOP). By December 2010, 296 facilities across 40 districts will be covered. ZPCT II will further diversify, consolidate and integrate services in facilities and communities to ensure seamless delivery of a comprehensive package reaching the household level, regardless of location.

To ensure that the MoH has the capacity to scale up essential HIV/AIDS services, ZPCT II will continue to provide support to the provincial medical offices (PMOs), district medical offices (DMOs) and facilities in counseling and testing (CT), prevention of mother to child transmission of HIV (PMTCT), antiretroviral therapy (ART), basic care and male circumcision (MC).

At the same time, ZPCT II will increase the emphasis on quality of services in both public and private health facilities. The GRZ is in the process of adopting ZPCT's Quality Assurance/Quality Improvement (QA/QI) system for key HIV/AIDS services that will be expanded to include male circumcision (MC). ZPCT II will increase the

MoH's capacity to monitor, maintain and improve quality throughout the national health system by fully integrating these standardized tools into day-to-day operations at all levels.

Sustainability: A sustainability strategy was built into the ZPCT II program from the start. All assistance has been and will continue to be provided in collaboration with the MoH within its existing structure and systems. New emphasis is put on increasing the Ministry's capacity to manage and maintain improved HIV/AIDS services at the provincial and district levels in close partnership with the PMOs and DMOs. ZPCT II's additional focus on strengthening key components of the health systems such as laboratory and pharmacy support services will ensure sustained capacity to support HIV/AIDS services across the health system. Across all technical areas, ZPCT II will train facility and community-based health care workers (HCWs) to strengthen their ability to provide quality HIV/AIDS services and to expand the availability of these critical services. Partnerships with community and faith-based organizations (FBOs) will further expand the reach of comprehensive HIV/AIDS services. ZPCT II will continue to implement a quality and performance based plan to graduate districts from intensive technical assistance by the end of the overall project period.

Gender: In close collaboration with the MoH and other partners, ZPCT II will integrate gender across the technical areas of the project. The technical strategy for the integration of gender into ZPCT II programming is based on both the gender-based drivers of the epidemic in Zambia, related gaps and ZPCT II's contractual mandate to support the delivery of HIV/AIDS prevention, care and treatment services from the facility to the community level.

Approaches will build on existing frameworks and models for service delivery including the incorporation of gender into the current standard training packages for community cadres (see Objective One). Additionally, ZPCT II is successfully promoting male involvement in PMTCT by mobilizing communities and involving traditional leaders to promote health-seeking activities among men. Learning from the success in Luapula Province, ZPCT II has replicated this model in other provinces to increase the uptake of couples and men in CT and PMTCT. This important work will continue. The addition of MC to the HIV/AIDS service package also provides an avenue to reach men through integration of reproductive health (RH) and CT services.

Linkages from the facility to the community level and vice versa are essential as is the inclusion of services for survivors of gender-based violence, rape and other abuses into the GRZ/ZPCT II referral networks. These efforts will also target communities, volunteers, and private sector partners to enable broader social action.

Engagement with Government and Partners: ZPCT II works in full partnership with the NAC and the MoH at the central, provincial and district levels. ZPCT II is represented on twelve NAC technical working groups (TWGs) including: prevention

(Sexually Transmitted Infections (STIs), CT, PMTCT/pediatric HIV), laboratory, commodity security, early infant diagnosis (EID), quantification/procurement, clinical care/ART, ART accreditation, palliative care, monitoring and evaluation (M&E) and tuberculosis (TB)/HIV. These groups bring together the entire range of stakeholders, GRZ, USG entities, other donors and implementing partners to guide and support development and coordination of policies, plans and strategies to combat HIV/AIDS and related diseases. As awarded, ZPCT II will also coordinate closely with other USAID/Zambia programs including the Zambia Led Prevention Initiative (ZPI), the Zambia Integrated Systems Strengthening Program (ZISSP) and the new Community-Based Prevention Initiative for Orphans and Vulnerable Children, Youth and other Vulnerable Populations Program (COPI-OVC). ZPCT II also coordinates program support and technical assistance with UNICEF, the Clinton Health Access Initiative (CHAI) and supports Global Development Alliance (GDA) partners in Zambia via a partnership with the Comprehensive HIV/AIDS Management Program (CHAMP).

Work Plan Presentation: The work plan is organized into six main sections covering program activities, program and financial management, strategic information, and reports and deliverables. The program activities are arranged by ZPCT II's five objectives and sub-objectives. This section provides a general description of the objective, the implementation strategy, critical issues and challenges, projected targets, coordination and activities. For a detailed implementation plan by objective see *Annex A.* See *Annex B* for a detailed listing of short-term technical assistance and planned external travel in support of the detailed implementation plan.

II. Program Activities

Objective 1: Expand existing HIV/AIDS services and scale up new services as part of a comprehensive package that emphasizes prevention, strengthens the health system and supports the priorities of the MoH and NAC

A. Implementation Approach

Efforts to improve HIV/AIDS prevention care and treatment services can only occur in the context of a sound overall health system. ZPCT II will continue to strengthen the broader health sector by improving/upgrading physical structures, integrating HIV/AIDS services into other clinical areas, increasing work force capacity, and strengthening key support structures, including laboratory and pharmacy services and data management systems. As ART transforms HIV/AIDS into a chronic condition, ZPCT II will help health facilities orient services toward long-term patient management through a strong health management information system (HMIS), effective patient tracking and increased patient capacity for self-care.

ZPCT II also promotes new levels of coordination between facilities and communities to provide a full range of complementary services essential to the well being of those living with and affected by HIV/AIDS.

ZPCT II will continue strengthening the PEPFAR guided minimum package for prevention with positives (PwP) and will ensure the inclusion of PwP messaging in CT, ART, PMTCT and MC services.

B. Critical Issues and Challenges

- **Staff shortages in health facilities -** staff shortages persist in some of the ZPCT II supported health facilities and negatively impact service delivery. The project will train more community cadres in to expand access to HIV/AIDS prevention, care and treatment services outside of facilities.
- **Inadequate space for child CT -** some supported facilities do not have adequate space for child CT services. ZPCT II will continue to work with facilities to explore options for space to ensure the delivery of this important service.
- **Limited male involvement -** male involvement in PMTCT services remains low, particularly in urban areas. The project expects to see improvements in this area through a more robust integration of gender approaches into program activities and via the community component.
- **Accreditation of ART sites -** there are a number of ZPCT II supported sites that are not accredited due to a failure to meet minimum standards in service provision. ZPCT II is working with the PMOs and DMOs to address these gaps and to ensure future accreditation.

C. Objective 1—Key Results for June 1, 2010 – December 31, 2010

- 296 health facilities providing CT in all clinical services with 90,148 clients receiving HIV counseling and test results
- 287 facilities offering an integrated PMTCT package serving 66,500 pregnant women and providing antiretroviral prophylaxis to 8,183 HIV-positive clients
- 128 facilities providing ART, initiating 13,489 new clients (1,379 of them children) and supporting 90,148 currently on ART including 6,664 children
- 296 facilities providing basic health care to 96,412 HIV-positive clients, including 10,581children
- 22 facilities offering MC as part of the MoH's comprehensive HIV/AIDS package

D. Coordination

ZPCT II collaborates with its sub partners through various activities at the national, district, community and health facility levels. Sub partners are: Management Sciences for Health (MSH), CARE International, Social Impact (SI), Emerging Markets Group (EMG), Churches Health Association of Zambia (CHAZ), Kara Counseling and Training Trust (KCTT) and the University Teaching Hospital Male Circumcision Unit (UTH MC). For a full list of sub partners and roles and responsibilities see *Annex C.*

During this work plan period, ZPCT II will provide programmatic, financial and technical support to 296 MoH facilities in 40 districts in the five focal provinces through recipient agreements (see *Annex D* for a list of recipient agreements).

1.1: Expand Counseling and Testing Services

A. Implementation Approach

Recognizing that CT is the entry point for all other HIV/AIDS services, the GRZ adopted a policy to make routine CT available in all clinical service areas. ZPCT II will continue its well-established collaboration with DMOs and PMOs to support ongoing CT services through the activities highlighted below at 271 existing ZPCT II sites, as well as scale up services in 25 new facilities in this work plan period for a total of 296 facilities (see *Annex E* for a list of ZPCT II supported facilities). CT services will continue to be strengthened and better integrated into the overall health system from the clinic to the community. Enhancements will be combined to current approaches and activities at all sites with a focus on integration with MC services, youth-friendly CT, better follow up for HIV negative clients, comprehensive PwP messages, and general health screening strengthened within the CT context.

The project will strengthen the follow up of HIV negative CT clients by encouraging a repeat HIV test in three months as per national policy and referring them as appropriate to family planning (FP), MC and community-based risk reduction and prevention services.

ZPCT II will continue to integrate HIV/AIDS into other health services by expanding CT to, a) include symptom screening and referral for testing for TB as part of the World Health Organization's (WHO) recommended intensified case finding efforts, and b) include routine counseling and screening for general health and major chronic diseases such as hypertension and diabetes, continuing the pilot in ten facilities (five in central province and the other five from Copperbelt Province). Blood pressure, blood sugar and weight will be measured at each visit, with referrals made as appropriate. CT and MC services will be integrated by referring uncircumcised male CT clients for MC and offering CT to all MC clients.

ZPCT II will support training activities to strengthen CT services including training of both health care workers and lay volunteers in basic counseling and testing, child counseling, couples counseling, youth CT and counseling supervision; training in the new logistics system for HIV test kits to increase health facility staff capacity to ensure an uninterrupted flow of supplies; ongoing training of CT HCWs in FP counseling, enhancing referrals to FP services where needed and offering CT in FP services where feasible; and by providing on site orientation and mentorship to facility staff in PwP to strengthen PwP messages and interventions.

B. Key Activities

- Conduct ongoing mentorship and supportive supervision to project facilities including monthly monitoring and evaluation of service statistics
- Print and distribute CT job aids including job aids with MC messages to be used in CT corners for CT/MC integration
- Implement provider initiated opt-out testing with same-day results in new facilities
- Integration of CT into other clinical areas such as antenatal care (ANC), TB, STIs, pediatric care (with child-friendly space and services), MC and FP
- Strengthening referral from CT to ART for those who test positive and to other appropriate services through referral tracking and accompanied referral by lay counselors as needed
- Support use of QA/QI tools for CT in MoH operations at all levels through orientation and training, integration into provincial performance assessments of facilities and district-level capacity building in data management
- Support mobile CT services (integrating TB screening) using an interdisciplinary team model that will include both community-based and health facility-based staff
- Strengthen referral from mobile CT for those who test positive through referral tracking and accompanied referral by lay counselors as needed, to appropriate

facility and community services including PMTCT, ART, clinical care and prevention

- Implement follow up of HIV negative CT clients by encouraging a repeat HIV test in three months as per national policy and referring them as appropriate to FP, MC and community-based risk reduction and prevention services
- Integrating HIV/AIDS into other health services by expanding CT to, a) include symptom screening and referral for testing for TB as part of the World Health Organization's (WHO) recommended intensified case-finding efforts, and b) include routine counseling and screening for general health and major chronic diseases, such as hypertension and diabetes, continuing the pilot in ten facilities (five in central province and the other five from Copperbelt Province). Blood pressure, blood sugar and weight will be measured at each visit, with referrals made as appropriate
- Facilitate the provision of mobile CT services (integrating TB screening) using an interdisciplinary team model that will include both community-based and health facility-based staff
- Strengthen referral from mobile CT for those who test positive through referral tracking and accompanied referral by lay counselors as needed**,** to appropriate facility and community services including PMTCT, ART, clinical care and prevention
- Implement community based condom education and distribution and the reduction of HIV/AIDS stigma via behavior change communication (BCC) strategies
- As part of the integration of gender into ZPCT II's clinical and community services and improving youth friendly services, the program will support the following activities:

    i. Promoting and implementing couple-oriented CT by replicating the Luapula Province model for community mobilization (which emphasizes participation by traditional and other opinion leaders such as the local political leaders), along with improved couples-oriented CT training that addresses MC, multiple concurrent partnerships (MCP) and general health seeking behaviors among men

    ii. CT and MC services will be integrated by referring uncircumcised male CT clients for MC and offering CT to all MC clients

    iii. Promoting and implement youth-friendly CT by recruiting young people already trained in basic CT (and training in basic CT skills those without these skills) as lay counselors, providing youth-centered training for CT providers and linking CT to existing facility youth-friendly corners

1.1 Counseling and Testing		Life of Project Targets	Work plan Targets (June 1 –Dec 31, 2010)
1	Service outlets providing CT according to national or international standards	370	296
2	Individuals who received HIV/AIDS CT and received their test results (including TB)	728,000	84,581
3	Individuals trained in CT according to national or international standards	2,316	301

1.2: Expand Prevention of Mother-to-Child Transmission (PMTCT) Services

A. Implementation Approach

Prevention of HIV transmission from mother-to-child is an essential component of the GRZ's national ANC policy and service package. ZPCT II has supported the rapid scale up of PMTCT to 262 facilities with 455,206 pregnant women receiving PMTCT services, including 54,201 pregnant women receiving antiretroviral (ARV) prophylaxis, since 2004.[1]

ZPCT II will provide ongoing comprehensive technical assistance to strengthen and expand PMTCT in the five program provinces in Zambia. As an ongoing activity, PMTCT services will be strengthened and better integrated into the overall health system, as well as within the HIV/AIDS continuum of care. ZPCT II will accomplish this through continued enhancements to current approaches and activities, including outreach PMTCT, support to increase the number of positive pregnant women delivering in the health facilities through provision of bicycle ambulances to the communities, combined with the strengthened follow-up for pregnant women who test negative and more community-level involvement for traditional birth attendants (TBAs) and volunteers.

ZPCT II will sharpen the focus on integrating PMTCT with HIV prevention, malaria, maternal, newborn and child health (MNCH), TB and FP services by a) strengthening primary prevention and TB case-finding activities, b) building the capacity of health care workers involved in CT, ART and PMTCT to provide FP counseling and services, and c) emphasizing the importance of malaria prophylaxis interventions, such as treated bed nets and Intermittent Preventive Therapy (IPT) for pregnant women in ANC as part of PMTCT training and mentorship.

ZPCT II will continue to work with the MoH to support PMTCT at existing ZPCT II supported sites, as well as scale up services to 25 new facilities in the second year reaching a total of 287 facilities. This will continue to include severely understaffed clinics using an outreach approach developed in collaboration with UNICEF that

[1] Cumulative number is through March 31, 2010.

enabled ZPCT II to provide PMTCT services in 53 clinics, many without health care workers, in Luapula Province. The project will train HCWs (doctors, midwives, nurses, clinical officers, and laboratory and pharmacy staff), community volunteers and supervisors in PMTCT.

To ensure that all pregnant HIV positive women have access to CD4 count assessment through the sample referral system, facility staff will collect blood samples from HIV positive pregnant women for CD4 count assessments on the day of HIV diagnosis. This will facilitate triaging them for ARV regimens according to WHO and Zambian PMTCT national guidelines.

B. Key Activities

- Conduct logistics and information management training and support to ensure an uninterrupted flow of test kits, PMTCT ARVs and other drugs, and dry-blood spot (DBS) consumables
- Implement routine opt-out CT with same-day results for all pregnant women attending ANC
- Address the unmet need for FP among HIV positive women by providing FP training for PMTCT and ART providers and putting in place tracking and referral mechanisms to FP as part of the continuum of care
- Stimulate demand for PMTCT outreach in peri urban and remote areas including the use of mobile clinics, linkages to ART services and the utilization of community volunteers to mobilize pregnant women and their partners to access PMTCT services
- Strengthen referrals and linkages to ART, clinical care to ensure highly active antiretroviral therapy (HAART) eligibility assessments and initiation for the eligible HIV positive pregnant women as well as other appropriate facility and community-based services through referral tracking and escorted referrals
- Improve follow up for pregnant women who test negative by referring them to community-based risk reduction and prevention services and implement routine retesting after three months and / or prior to delivery for all pregnant women who test HIV negative early in pregnancy
- Continue to conduct a pilot study to assess the value of repeat HIV testing prior to delivery in selected ZPCT II supported facilities
- Continue recruiting and training TBAs (who already work as lay or PMTCT counselors in some districts) to promote PMTCT and delivery at health facilities, to provide prevention education, adherence support and mother/baby follow-up at the community level and appropriate referrals to needed services across the continuum of care
- Expand the role of PMTCT community counselors to include establishing and supporting HIV positive mother support groups at the facility and in the

communities; addressing facility staff shortages and mobilizing pregnant women to access PMTCT services

- Provide supervision, guidance and support to communities on the use of bicycle ambulances (Zambulances) to promote delivery at health facilities and to facilitate transportation of expectant mothers for deliveries at health facilities
- Conduct ongoing mentoring and supportive supervision in facilities including monthly monitoring and evaluation of service statistics; the use of ZPCT II CT QA/QI tools adopted by the MoH and documenting the effectiveness of PMTCT interventions using DBS in program settings for monitoring and quality improvement
- Strengthen the provision of more efficacious ARV regimens for PMTCT through collecting CD4 count blood samples for CD4 count assessments on the day of testing (where feasible) and providing HAART within Maternal Newborn Child Health settings
- Create testing corners within MNCH clinics along with refurbishment of PMTCT rooms as needed
- Provide systematic mother/baby follow-up and tracking through maternal, newborn and child health (MNCH) clinics including initiation of co-trimoxazole administration for PCP prophylaxis, early infant diagnosis through DBS, sample collection for HIV DNA PCR testing and infant feeding counseling (in collaboration with the Infant and Young Child Nutrition (IYCN) program)
- Strengthen turnaround time for collection of DBS results through piloting of short messaging system (SMS) technology and sending reminders to parents to collect their test results
- Procurement of point-of-service hemoglobin testing equipment (hemocues) to facilitate provision of more efficacious AZT-based ARVs particularly in the new facilities
- Initiate transportation of DBS samples for early infant detection (EID) and results to and from the ZPCT II supported polymerase chain reaction (PCR) lab at Arthur Davison Children's Hospital (ADCH) in Ndola in all new facilities through the courier system
- Continue the pilot implementation of the PMTCT SmartCare system in fifteen health facilities
- Support primary prevention of HIV in young people as part of PMTCT interventions by supporting youth-targeted CT and education on risk reduction, through promotion of abstinence, monogamy and consistent condom use
- Strengthen male involvement in PMTCT by replicating effective models in Zambia

	1.2 Prevention of Mother-to-Child Transmission	Life of Project Targets	Work plan Targets (June 1 – Dec 31, 2010)
1	Service outlets providing the minimum package of PMTCT services	359	287
2	Pregnant women who received HIV/AIDS CT for PMTCT and received their test results	572,000	66,500
3	HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	72,000	8,183
4	Health workers trained in the provision of PMTCT services according to national or international standards	5,325	840

1.3: Expand Treatment Services and Basic Health Care and Support

A. Implementation Approach

Access to antiretroviral therapy and clinical care are essential to the survival of people living with HIV/AIDS (PLHAs). By the end of May 2010, ZPCT had assisted the MoH to scale up ART services in 121 facilities (116 sites report directly and six report through static sites) and basic HIV/AIDS care in 271. As a result, more than 78,000 Zambians (5,400 of them children) are receiving free ARVs with ZPCT II support.

ZPCT II works with the MoH to support ART and clinical HIV/AIDS care including diagnosis, prevention and management of opportunistic infections (OIs) at existing ZPCT II sites and will scale up services to twelve new facilities by December 2010. ZPCT II will continue to use the outreach model for ART uptake and adherence by decentralizing services from hospitals to the health center level through traveling medical teams. In addition to ensuring the enrollment of new patients on ART based on the new WHO and national ART guidelines, increased focus will continue to be placed on maintaining patients on long-term ART, retaining them in care and enhancing expertise of HCWs in the management of treatment failure. ZPCT II will train HCWs (doctors, medical licentiates, clinical officers, midwives, nurses, laboratory and pharmacy staff), and volunteer adherence support workers (ASWs) in the necessary skills.

Care and treatment services will also be strengthened and better integrated into the overall health system, as well as with available community services and support for PLHAs. The project will use the outreach model to bring ART services to remote facilities using traveling DMO and/or hospital teams of health workers, including laboratory and/or pharmacy staff; and will continue to refine the outreach model to increase the scope of ART services through collaboration with community providers, including the Catholic Diocese's home-based care programs currently working with

ZPCT II in the Copperbelt Province.

Use of trained volunteer ASWs and ART clients drawn from the community to counsel other ARV recipients and to address facility staff shortages are a key feature of the project. Outreach ART sites will be upgraded to static sites where feasible, providing infrastructure refurbishment as needed and provision of adequate training and onsite mentoring to strengthen the capacity of HCWs to manage ART clients with minimum supervision.

As part of strengthening the management of HIV/AIDS as a chronic condition, the focus initially will be on screening for diabetes mellitus and hypertension in the ART clinics. The program will also support enhanced screening of TB in the ART clinics through provision of X-ray viewing boxes and hands on mentorship; improving nutrition education through counseling by trained HCWs in addition to plumpy nuts, and the use of cell phone SMS technology to retain ART clients and consolidating the utilization option of nurse-prescribed ART. Additionally, strategies and activities are being explored to improve uptake of HAART in eligible pregnant women especially in non-ART sites as well as giving special attention to adolescents who are on HAART by creating special adolescent clinics where they exist in significant numbers.

The project will build the capacity of both patients and health care staff to manage HIV as a chronic condition, including training in patient self-care skills, health facility delivery of longitudinal care and integration of routine hypertension/diabetes screening to identify and manage emerging drug adverse conditions among long-term ART patients.

ZPCT II will also work to improve HIV positive client retention by increased use of ASWs and PLHA support groups to promote adherence and prevent further transmission, and to track patients.

B. Key Activities

- Provide job aids, updated guidelines and protocols
- Support facilities to use the ZPCT II ART and clinical care QA/QI tools proposed for adoption by the MoH through on-site mentoring and interaction in facility QA committee meetings
- Upgrade at least one high functioning ART/clinical care sites per province to model sites and train as well as mentor staff to provide services for complicated cases, adverse drug reaction monitoring and management, and treatment failures
- Increase capacity to diagnose and manage treatment failure by creating access to viral load and drug resistance testing
- Strengthen provision of comprehensive ART/clinical care services for children and their parents under one roof through replication the ADCH family-centered ART clinic model in each province

- Scale up pediatric ART by strengthening the implementation of the new WHO guidelines recommending ART for all confirmed HIV infected children under age one, regardless of CD4 status, through ongoing mentoring of health staff and monitoring of uptake of pediatric ART services
- Integrate HIV/AIDS and TB services to address the high rate of co-infection with the two diseases through a) intensified case finding through increased screening of HIV positive clients for TB, b) scale up of CT for TB clients through mobile CT clinics, c) routine CD4 testing for TB patients who test HIV-positive at TB clinics, d) improved ART referral for TB patients, e) increased patient and health care worker education on HIV/TB co-infection, including education on TB infection control measures in ART sites, and f) improved surveillance of TB at ART clinics using the National TB Program's reporting and recording tools that include TB suspect registers
- Support use of QA/QI tools for ART/clinical care in MoH operations at all levels through orientation and training, integration into provincial performance assessments of facilities, and district-level capacity building in data management
- Use existing tools, such as the SmartCare ART patient-tracking system, to support QA/QI at the clinical level by flagging early warning signs of treatment failure, missed visits and drug refills, as well as other information to improve patient care and retention
- Provide comprehensive prevention for positives interventions including support for facility- and community-based condom education and distribution, STI and TB screening, provision of FP services and promotion of healthy living practices
- Improve the health and nutritional status of PLHA by collaborating with a) the Office of the U.S. Global AIDS Coordinator (OGAC) and the U.S. Mission to Zambia to develop a food and nutrition strategy and technical approach and b) the MoH, Clinton Health Access Initiative (CHAI), Catholic Relief Services (CRS) and others to pilot approaches to providing therapeutic foods and "food by prescription" for children and adult HIV/AIDS clients
- Initiate the MoH-endorsed system to use cell phone text-messaging technology to track and retain defaulting ART clients working with the ASWs and the community
- Consolidate and evaluate pilot task shifting on ART prescribing from doctors/clinical officers to nurses as well as support year II intake of HIV nurse prescribers in collaboration with the MoH, statutory bodies such as the Medical Council of Zambia, and General Nursing Council, and professional organizations to assure quality of care is maintained

1.3 Treatment Services and Basic Health Care and Support		Life of Project Targets	Work plan Targets (June 1 – Dec 31, 2010)
1	Service outlets providing HIV-related palliative care (excluding TB/HIV)	370	296
2	Individuals provided with HIV-related palliative care (excluding TB/HIV) (adults and children)	560,000	96,412
3	Pediatrics provided with HIV-related palliative care (excluding TB/HIV)	60, 000	10,581
4	Individuals trained to provide HIV palliative care (excluding TB/HIV)	3,120	364
5	Service outlets providing treatment for TB to HIV+ individuals (diagnosed or presumed) in a palliative care setting	370	296
6	HIV+ clients attending HIV care/treatment services that are receiving treatment for TB	17,000	2,009
7	Individuals trained to provide treatment for TB to HIV+ individuals (diagnosed or presumed)	3,120	364
8	Registered TB patients who received HIV/AIDS CT and their test results at a USG-supported TB service outlet	30,400	3,479
9	Service outlets providing ART	130	128
10	Individuals newly initiating on ART during the reporting period	115,250	13,489
11	Pediatrics newly initiating on ART during the reporting period	11,250	1,379
12	Individuals receiving ART at the end of the period	146,000	90,148
13	Pediatrics receiving ART at the end of the period	11,700	6,664
14	Health workers trained to deliver ART services according to national or international standards	3,120	364

1.4: Scale up Male Circumcision Services

A. Implementation Approach

Based on evidence from clinical trials in Africa that have shown that circumcision substantially lowers men's risk of being infected with HIV through vaginal intercourse, the MoH has incorporated MC services as part of the national HIV prevention activities. ZPCT II will continue to initiate and scale up MC services and standardize quality adult and neo-natal MC services at selected MoH facilities as part of its support for comprehensive HIV/AIDS services with CT providing a major entry point.

ZPCT II is collaborating with the other USG funded and Gates Foundation-funded partners of Society for Family Health (SFH) and JHPIEGO to coordinate the scale up the MC services within the five provinces and will work as part of the MoH MC Technical Working Group.

During this work plan period, ZPCT II will work with the MOH and other stakeholders to ensure safe, voluntary and affordable male circumcision services with the relevant monitoring and evaluation systems required to evaluate program effectiveness. MC will be introduced in fourteen more MoH health facilities bringing the total number of sites to 22. MoH staff will be trained and will provide MC services within targeted facilities. The MC services will be linked to intra-facility HIV services such as CT, PMTCT and clinical care ART and will be included in the directory of services available within the referral networks to allow referral of clients.

By engaging PMOs/DMOs and other key stakeholders in the assessment and planning, leaders at all levels will have a vested interest in the success of MC to reduce HIV in Zambia. ZPCT II will design the MC services as part of the surgical services being provided within the facility but linked to other HIV services.

ZPCT II, through sub-contractor CARE, will provide approved community education on MC as part of their community programming, working with opinion leaders to advocate for change in male norms and behaviors that hinder male involvement in reproductive health services. CARE will conduct MC advocacy and education activities in communities will be conducted and referrals made to MC services as needed.

B. Key Activities

- Work with MoH and other stakeholders to ensure safe, voluntary and affordable male circumcision services with the relevant monitoring and evaluation systems required to evaluate program effectiveness
- Collaborate with other partners to ensure the availability of appropriate surgical equipment and supplies to enable uninterrupted provision of services including the procurement of MC kits (based on USAID approval)
- Work in collaboration with the University Teaching Hospital (UTH) MC unit and other partners to conduct provincial trainings of HCWs from selected facilities to carry out MC services in all five provinces
- Provide on-site mentorship and supportive supervision to newly trained HCWs in collaboration with the FHI technical officers responsible for MC activities
- MC advocacy and education activities through community based groups in communities and referrals made to MC services as needed.

1.4 Male Circumcision		**Life of Project Targets**	**Work plan Targets (June 1 – Dec 31, 2010)**
1.	Service outlets providing MC services	50	22
2.	Individuals trained to provide MC services	260	60

Objective 2: Increase the involvement and participation of partners and stakeholders to provide a comprehensive HIV/AIDS service package that emphasizes prevention, strengthens the health system, and supports the priorities of the MoH and NAC

A. Implementation Approach

ZPCT II interacts with a broad network of partners and stakeholders to provide a sound HIV/AIDS service package that strengthens the health system and supports the priorities of the MoH and NAC. Central to strengthening the health system for the effective delivery of HIV/AIDS services are strong laboratory and pharmacy support services and networks; building the capacity of facility and community-based health workers; and engaging community and faith-based groups.

To ensure the quality of laboratory and pharmacy services and the sustainable transfer of skills and capacity, ZPCT II will provide ongoing mentoring and supportive supervision for all laboratory and pharmacy staff in related project sites. The program will also continue to support extensive monitoring and evaluation to track accomplishments and to identify gaps in programming. The data will also be used to inform program management and future planning and implementation.

Capacity building to address human resource weaknesses in Zambia's national health system, including a chronic shortage of experienced health care workers, has been a major component of ZPCT II. The program has provided training and mentoring to support rapid scale up of HIV/AIDS services in MoH facilities, and developed innovative ways to fill gaps and improve service delivery by utilizing community volunteers and specialized data entry clerks.

Although ZPCT II is primarily a facility-based program, it also provides financial and technical assistance to Zambian community based organizations (CBOs) and FBOs for activities that support improved delivery of comprehensive HIV/AIDS services and generate demand for those services. ZPCT II has worked with DMOs, district AIDS task forces (DATFs), health facilities and community organizations to establish 37 district-level referral networks that coordinate a wide range of services and service providers to meet the multi-dimensional needs of PLHA.

B. Critical Issues and Challenges

- **CD4 sample referral and laboratory equipment maintenance -**sample referral and equipment maintenance pose challenges in project districts. This includes a lack of motorbike riders, delayed delivery of motorbikes, inadequate fuel, equipment breakdown and a shortage of reagents. Routine preventive maintenance of equipment is also a problem. ZPCT II is working to ensure timely

access to CD4 testing and is working with facilities to improve forecasting for reagents. The project is also tracking equipment service schedules to ensure schedules are followed and responses to call-outs for repairs are timely.

- **Commodity stock outs** -inconsistencies in the transport systems at MSL combined with delays in orders from the districts continue to pose challenges for timely delivery and availability of commodities. This includes shortage of DBS blood collection bundles where challenges are faced in the implementation of the new revised ordering system for the kits. ZPCT II will follow up centrally with the MoH and at the district and facility levels to provide technical assistance and mentoring in the implementation of the new system.
- **Internal quality control** - significant emphasis is placed on supporting internal quality control (IQC) procedures including the use of the IQC forms. A major upcoming focus is to ensure that data is entered, supervisor and manager review is indicated and all corrective actions are documented. This weakness has been identified across facilities nationwide. ZPCT II will provide focused priority support to Ndola and Kitwe Central Hospitals as they have been earmarked for the first round of accreditation.

C. Objective 2—Key Results for June 1, 2010 – December 31, 2010

- 103 health facilities providing laboratory services that include HIV antibody tests and CD4 and/or lymphocyte tests
- 296 facilities providing essential pharmacy/dispensing services
- Training provided to health care workers and community volunteers in CT, PMTCT, ART, OI care and laboratory and pharmacy services according to national and international standards
- 37 referral networks coordinating services between facilities and communities to provide a seamless continuum of care reaching the household level

D. Coordination

During this work plan period, ZPCT II will support 296 facilities to provide essential pharmacy and dispensing services and 103 facilities to provide laboratory services including HIV antibody tests and CD4 count. Coordination with the MoH at the central, provincial and district levels is central to this important work. Recipient agreements, as discussed under Objective 1 above, will include this support. A key partner under Objective 2 is the Arthur Davison Children's Hospital (ADCH) DNA/PCR laboratory where ZPCT II is a partner in increasing access to EID of HIV. The laboratory serves as a referral center for the five provinces working with ZPCT II. The project is also working with the Zambia Mail Service to express mail DBS samples from health facilities to the ADCH DNA/PCR laboratory. To further strengthen EID, ZPCT II is collaborating with UNICEF, the MoH and the Clinton Health Access Initiative (CHAI) to implement a pilot using the short message system

(SMS) technology to send HIV DNA PCR results to facilities. In addition, ZPCT II will continue to provide support to the MoH in conjunction with Supply Chain Management Systems (SCMS) for the implementation of the national approved logistics systems for ARVs, PMTCT drugs (for PMTCT-only sites), HIV test kits, laboratory commodities and essential drugs. This is to ensure an uninterrupted supply of commodities in the facilities for continued service delivery in support of CT, PMTCT, ART, clinical care and MC services under Objective 1.

ZPCT II worked with DMOs, district AIDS task forces (DATFs), health facilities and community organizations to establish 37 district-level referral networks that coordinate a wide range of services and service providers to meet the multi-dimensional needs of PLHA. ZPCT II will provide 25 services grants (five per province); ten prevention grants (two per province) and ninety community purchase order grants (eighteen per province) to local organizations including the Network of Zambian People Living with HIV/AIDS (NZP+), during this workplan period. A sub-grants officer will be hired under CARE to oversee implementation of these grants.

2.1: Strengthen Laboratory and Pharmacy Support Services and Networks

A. Implementation Approach

Laboratory and pharmacy services are essential to the delivery of quality HIV/AIDS services. In line with MoH plans to initiate accreditation for laboratories in keeping with WHO-AFRO requirements, ZPCT II will provide focused support in areas that have been identified for improvement. The first round of accreditation activities will include two facilities supported by ZPCT II on the Copperbelt—Ndola Central Hospital and Kitwe Central Hospital. To augment the accreditation process, ZPCT II provincial laboratory staff and facility laboratory staff will be trained in good clinical laboratory practices and it is expected that ZPCT II laboratory staff will receive updated training annually.

ZPCT II will also support the finalization and printing of the manual on the *Rational Use of Laboratory Tests*. Activities include co-sponsoring a workshop to do a final review of the draft document, printing of the manuals, and dissemination of the manuals, including orientation of facility staff in their use. This document will provide clinicians and other users of laboratory services with guidance on how to optimize the services offered by routine medical laboratories and will also provide test menus and the clinical value of results and the interpretation of results.

ZPCT II will continue to assist ZPCT-supported labs and pharmacies through improvements in infrastructure and diagnostic capacity, as well as expand lab and pharmacy services to selected new sites in connection with the further scale up of CT, PMTCT, ART, clinical care and MC services under Objective 1. Services will also be strengthened through enhancements to current approaches and activities. ZPCT II currently supports 84 labs capable of performing HIV antibody tests and CD4 and/or

lymphocyte tests and will expand to nineteen more facilities in to reach a total of 103 labs by December 2010. Further to this, ZPCT II will reach 111 labs within the first three project years in keeping with the proposed schedule for other services. This will allow the project to devote sufficient time to sustainability in the project's final years. All 370 CT project sites will have pharmacies or dispensaries by the end of LOP.

ZPCT II will support training and capacity building for 1) lab personnel in knowledge and technical skills such as HIV virology and immunology; 2) HIV diagnosis and monitoring and equipment use and maintenance; good clinical laboratory practices and quality assurance (QA); 3) pharmacy personnel in dispensing practices, medication use and adherence counseling, adverse drug reaction monitoring and reporting, and rational drug use; 4) logistics and information management, including forecasting, quantifying, ordering and storing ARVs, opportunistic infection (OI) drugs, HIV test kits and other commodities procured through the MoH central supplier; and 5) Training and mentoring for pharmacy personnel in the use of the SmartCare integrated stock control module database in ART pharmacies.

B. Key Activities

- In collaboration with the MoH, CDC and other partners, strengthen and scale-up the national laboratory QA system through participation in the distribution of panels, collection of results, ensuring documentation is in place, following up to provide focused technical assistance to sites that need help and onsite re-training and mentoring on implementation of EQA systems
- Provide focused support for Strengthening Laboratory Management Toward Accreditation (SLMTA) and improvement projects through regular technical assistance to facilities to assess and monitor progress in line with what has been identified as areas of improvement. Support will include refurbishments as well as joint sites visits with MOH/CDC staff who are taking a lead with this activity.
- Support the MoH directive to increase capacity to administer and manage Tenofovir-based regimens by ensuring that supplies are constantly available and appropriate dispensing practices are followed
- Strengthen health worker adherence to the rational drug use and reporting system that monitors adverse drug reactions, in collaboration with the National Pharmacovigilance Unit (NPU) through facilitating availability of registers, training/orientation of staff in appropriate procedures for monitoring and reporting. ZPCT will support the National Pharmacovigilance program by printing the necessary materials and assisting with their distribution to ZPCT II supported sites.
- Support to strengthen the Drugs and Therapeutics Committee (DTC) at facility and central level through facilitation of formation of committees and regular meetings as part of clinical meetings routinely held in health facilities

- Set aside funds for procurement of limited reagent supplies for critical tests, as needed
- Training and mentoring in Support for roll out and implementation of the national logistics systems for ARVs, PMTCT drugs, essential drugs, HIV test kits, and ART laboratory reagents and supplies
- Support the use of logistics and data management systems, scale up use of the computerized ARTServ Dispensing Tool, SmartCare integrated stock control module and the Laboratory Management Information System (LMIS) including the provision of computers
- Participate in the ongoing MoH process with support from SCMS and CDC, to roll-out the SmartCare integrated pharmacy system (the MOH approved three pharmacy-related information systems – SmartCare, ARTServ Dispensing tool and the logistics management system) – in ZPCT II supported sites
- Support the integration of the three lab-related information tools – SmartCare, the LMIS and the lab logistics system into a single, integrated, user-friendly system
- Provision of essential laboratory and pharmacy equipment and related accessories, and support for equipment maintenance and repair (including procurement of spare parts and working with vendors to decrease turnaround time)
- Procure additional CD4 machines to reach a minimum of at least two per district
- Collaborate with the MoH on the introduction of point-of-care (POC) CD4 equipment to expand access to the service in PMTCT sites without labs or where specimen referral is a challenge. Procurement of the equipment -PIMA or any other MoH approved POC equipment -is subject to MoH approval after local evaluation
- In a phased manner over the life of the project, replace all manual humalzyer chemistry analyzers with fully automated technology that are being introduced by the MoH
- Support use of ZPCT-developed QA/QI tools for laboratory and pharmacy services in MoH operations at all levels through orientation and training, integration into provincial performance assessments of facilities, and district-level capacity building in data management
- Orientation in the use of guidelines and Standard Operating Procedures (SOPs)
- Support the finalization and printing of the ART Pharmacy SOPs
- Support the finalization and printing of revised ART Commodity Management Training Materials
- Support implementation and improvement of the specimen referral and transport system for CD4 and other monitoring tests and further expand the specimen referral system for other diseases such as TB and STIs through the provision of

motorbikes and fuel as well as provision of technical assistance in operationalising the system

- Provision of motorcycles to facilitate transfer of blood samples to and results from upgraded centralized labs to make state-of-the art lab services available to patients in all clinics and health centers, regardless of location
- Support implementation and improvement of the courier system for sending DBS to the PCR lab at ADCH
- Infrastructure refurbishment to improve work and storage space and conditions
- Provide training for rapid HIV testing and supervision for CT testing corners to improve the quality of HIV testing
- Provide supportive supervision to health care workers in ZPCT II facilities to implement the CDC-funded CD4 external quality assessment (EQA) program and HIV EQA proficiency testing program
- Collaborate with the MoH to improve access to additional viral load and drug resistance testing for complicated cases and conduct operational research (OR) on drug resistance and viral load testing.

To ensure the quality of laboratory and pharmacy services and the sustainable transfer of skills and capacity, ZPCT II will provide ongoing mentoring and supportive supervision for all laboratory and pharmacy staff in related project sites. The program will also continue to support extensive monitoring and evaluation to track accomplishments and to identify gaps in programming. The data will also be used to inform program management and future planning and implementation.

2.1 Laboratory Support		**Life of Project Targets**	**Workplan Targets (June 1 – Dec 31, 2010)**
1	Laboratories with capacity to perform: (a) HIV tests and (b) CD4 tests and/or lymphocyte tests	111	103
2	Individuals trained in the provision of laboratory-related activities	375	42
3	Tests performed at USG-supported laboratories during the reporting period: (a) HIV testing, (b) TB diagnostics, (c) syphilis testing, and (d) HIV/AIDS disease monitoring	3,813,000	444,850

2.2: Develop the Capacity of Facility and Community-based Health Workers

A. Implementation Approach

ZPCT II will provide trainings and mentoring to support rapid scale up of HIV/AIDS services in MoH facilities and develop innovative ways to fill gaps and improve service delivery by utilizing community volunteers and specialized data entry clerks.

In year one, ZPCT II collaborated with the MoH to train more than 2400 health care workers and community volunteers in CT, PMTCT, ART, OI care and laboratory and pharmacy services. ZPCT II also assisted DMOs to hire, train and place 138 data entry clerks at ART clinics, where they also support other HMIS needs in nearby non-ART sites. ZPCT II will continue to build on human resources work at current and expansion sites while also increasing the capacity of district and provincial MoH officials to manage, supervise and mentor facility-level employees, discussed under Objective 3. ZPCT II will also increase the focus on training and supporting community-based HIV/AIDS workers.

Capacity building to address human resource weaknesses in Zambia's national health system, including a chronic shortage of experienced health care workers, has been a major component of ZPCT II. The program provides training and mentoring to support rapid scale up of HIV/AIDS services in MoH facilities, and develops innovative ways to fill gaps and improve service delivery by utilizing community volunteers and specialized data entry clerks. During this work plan period, ZPCT II will provide performance-based technical training, including refresher training and training of trainers, to health care workers and community volunteers using standardized MoH approved materials with a multidisciplinary team approach. Where feasible on-site training at health facilities will be conducted to reduce costs and minimize the impact on clinic operations. The program will also strengthen training and mentorship to emphasize prevention in all areas, managing HIV/AIDS as a chronic illness, client-centered approaches and safe working environments in health facilities (including adequate sterilization and waste disposal).

B. Key Activities

- Continue to reinforce training through on-site mentoring of facility staff and volunteers
- Train new data entry clerks hired for the ART clinic scale-up and continue to provide all clerks with HIV/AIDS technical updates twice a year at the provincial level
- Continue to train and certify health care workers as counselor supervisors at the district and facility levels and expand supervisory training to experienced lay counselors
- Conduct twice yearly provincial meetings for lay workers and regular facility-level staff meetings to share experiences, challenges and best practices

- Continue to participate in the ongoing review and revision of the national training curriculum and materials in all technical areas and work to integrate HIV/AIDS into professional schools curricula currently under MoH review (in collaboration with JHPIEGO, the USAID partner for pre-service training)
- Develop one health facility in each province as model sites to demonstrate best practices in operation
- Expand the use of lay cadres in all technical areas including CT, PMTCT and ART
- Continue collaborating with the General Nursing Council (GNC), MoH and other implementing partners in pilot task shifting on ART prescribing from doctors/clinical officers to nurses
- Work with KCTT to ensure the Basic Training curriculum and materials for community volunteers are reviewed and updated with gender information and approaches
- Develop counseling checklists for facility- and community-based health workers to screen for GBV, discuss HIV disclosure with clients and provider-assisted disclosure for women and their partners
- Train trainers on new gender-based training and counseling materials and ensure they transfer knowledge to community volunteers including youth counselors, ASWs and TBAs during relevant trainings
- Work with opinion leaders (political, religious, traditional healers and others) to advocate for change in male norms and behaviors that hinder male involvement in sexual/reproductive health services, including HIV/AIDS services. Integrate gender sensitive material into the manuals for PLWA and community leaders
- Ensure that advanced counseling materials for Youth Counseling, Supervision Counseling, Couple Counseling and Child Counseling are all updated with gender information and approaches to counseling

2.2 Capacity Building for Community Volunteers		**Life of Project Targets**	**Work plan Targets (June 1 – Dec 31, 2010)**
1.	Community/lay persons trained in counseling and testing according to national or international standards (excluding TB)	2,506	287
2.	Community/lay persons trained in the provision of PMTCT services according to national or international standards	1,425	161
3.	Community/lay persons trained in the provision of ART adherence counseling services according to national or international standards	600	70

2.3: Engage Community/Faith-Based Groups

A. Implementation Approach

As stated, ZPCT II will provide 25 service grants during this work plan period. Grant recipients are responsible for the implementation of ZPCT II's community activities and strengthening community involvement through existing structures to create awareness of HIV/AIDS and prevention methods, as well as increase demand for services (both facility and community based).

In addition, ZPCT II will work with the MoH, DATFs and local partners to strengthen the continuum of care by building, expanding and supporting district-based referral networks that link facilities and community-based service providers to increase access to care and treatment and home based care services such as prevention for negatives and positives, adherence, food and other support services. The referral networks are managed by the district medical office (DMOs) or the DATFs. By the project's end, all 42 districts will have functioning referral networks. ZPCT II also will increase community leadership on HIV/AIDS, strengthen community-level prevention through integration with FP/RH education and targeted interventions for both HIV-positive and HIV-negative individuals, improve ART client adherence and follow up, and increase supportive supervision for community volunteers.

B. Key Activities

- Work with DMOs and other members of existing referral networks to optimize coordination of services and consistent use of standardized referral tools and procedures through tracking and facilitating regular referral network meetings.
- Promote leadership to mobilize community demand for and utilization of mobile CT to support implementation of mobile CT activities in peri-urban and remote areas in conjunction with health facility staff
- Support implementation of mobile CT activities in peri-urban and remote areas in conjunction with health facility staff
- Build on ongoing community mobilization efforts to continue to create demand for and links to services such as TB, PMTCT and ART
- Mentor and provide ongoing supervision and support for volunteers working in the community, such as ASWs, youth CT counselors, PMTCT motivators and TBAs
- Work with DMOs and local HIV/AIDS service providers to formalize service coordination by replicating standardized referral network mechanisms including referral tracking, feedback and problem-solving
- Identification of local CBOs/FBOs to receive community purchase orders to create demand for services
- Identify local CBOs/FBOs to receive capacity-building assistance and sub-grants

to strengthen service provision

- Stimulate demand for HIV/AIDS outreach services in hard-to-reach areas by working with home-based care and other community programs
- Conduct community mapping of HIV/AIDS services and contextual factors (including gender issues and HIV stigma) that make communities vulnerable to HIV/AIDS to identify gaps and challenges and improve communication strategies in four districts
- Support anti-stigma activities including training for community leaders, PLHA, youth groups and others
- Develop standardized mechanisms for client feedback on HIV/AIDS services and referrals that lead to improved client-centered care
- Develop the capacity of community groups to plan, develop and implement positive prevention interventions (e.g., through The Salvation Army (TSA) Zambia) as well as prevention activities targeting HIV negative individuals, including MC education, risk-reduction counseling and condom promotion
- Support organization and build capacity of PLHA support groups (e.g., through NZP+) including training of additional ASWs among their membership to promote positive prevention and healthy living practices
- Promote systematic condom use and condom distribution in community prevention events and mobile CT outreach, using free condoms distributed through MSL
- Train and mentor TBAs to stimulate demand for PMTCT in peri-urban and remote areas and link to ART services
- Integrate screening for TB in CT mobile activities to include sputum collection and referral of symptomatic patients
- Develop job aids for community leaders and volunteers including aids on how to integrate FP and RH in HIV/AIDS activities
- Conduct treatment literacy discussions to improve treatment-seeking behavior and adherence
- Build capacity of youth groups to provide youth-targeted HIV/AIDS activities
- Ensure that recruitment for community volunteers is gender balanced

Objective 3: Increase the capacity of the PMOs and DMOs to perform technical and program management functions

A. Implementation Approach

Building the capacity of partner PMOs and DMOs ensures the sustainable management and delivery of quality, integrated HIV/AIDS prevention, care and treatment services. Across the program, ZPCT II works in direct harmony with the MoH at the provincial and district levels and is committed to strengthening the Ministry's internal capacity to plan, manage and monitor HIV/AIDS services and activities. A priority of the MoH is the integration of HIV/AIDS services with other health care services. ZPCT II works within the MoH structures to make this a reality. Through training and hands-on mentorship of health care providers in supported facilities, ZPCT II has increased HIV/AIDS service integration with TB, STI and pediatric care. The project is also actively supporting the integration of HIV with FP/RH and other MNCH services.

Gaps in equal access to health services in Zambia are evident in the limited advocacy for women's rights among political, social, customary and religious leaders; health care provider insensitivity to gender issues; the limited service provision for gender-based violence (GBV)[2] (health care, legal services, psycho-social counseling), the general absence of youth friendly services, particularly for adolescent girls; and the design of many HIV/AIDS and RH services that hinder male access and use. ZPCT II will work in partnership with the GRZ and the private sector to address the gender-based gaps in access to health services and related HIV/AIDS vulnerabilities.

Within Objective 3, ZPCT II is supporting the MoH to implement an M&E system that monitors performance in achieving rapid scale-up of services, while also responding to the information needs of the GRZ, PEPFAR, USAID/Zambia and the NAC. Information is collected from the GRZ's HMIS as well as QA/QI tools. This information supplements HMIS data by measuring service quality according to MoH SOPs and guidelines and identifying areas that need to be strengthened. This activity is done in collaboration with all relevant partners.

B. Critical Issues and Challenges

- Limited facility capacity to actualize integration of health services primarily due to staff shortages, space limitations and weak supply chain management systems. ZPCT II is working with the MoH to build the capacity of HCWs and is actively recruiting and training community-based lay cadres to expand needed services into communities. To strengthen facilities, ZPCT II partners with SCMS and MSL to strengthen supply chain management at the facility level.
- Gender inequality is identified as one of the drivers of the HIV epidemic globally and in Zambia. It is not just that women and girls are more likely to be infected

[2] Gender Based Violence focus on three main issues: medical care of the survivors of rape and beatings in marriage; legal services to ensure the perpetrator is brought to justice; and counseling for the survivor.

by HIV that makes this a highly gendered epidemic, or that they are more physiologically susceptible, it that gender "is an integral factor in determining an individual's vulnerability to HIV infection, his or her ability to access care, support or treatment, and the ability to cope when infected or affected."[3] Women's legal, social, and economic status in Zambia negatively impacts their ability to access health care particularly HIV/AIDS prevention, care and treatment services. At the same time, socio-cultural norms for men and the shape of existing HIV/AIDS and other RH services also hinder male care seeking behaviors. During this work plan period and through LOP, ZPCT II will address many of the barriers to equitable access to care and will link with partners working in counseling and case management for survivors of GBV.

C. Objective 3—Key Results for June 1, 2010 – December 31, 2010

- Nineteen districts graduating from intensive assistance by meeting MoH approved minimum quality and performance criteria in technical service delivery areas (CT, PMTCT, ART, clinical care, laboratory and pharmacy services) and management of commodities, data and human resources
- Increase the capacity of PMOs and DMOs to manage improved HIV/AIDS services

D. Coordination

The success of Objective 3 requires full participation from the MoH, primarily the PMOs and DMOs, if their capacity to perform technical and program management functions is to improve. During this work plan period, ZPCT II will work with select provinces and districts to outline gaps in management functions and to provide needed technical support.

To address the gaps in equitable access to health care, ZPCT II will work with the GRZ, community and faith-based organizations and other private sector partners. Success in this area will require active partnerships across a full range of players from the national level to the community and household.

3.1: Increase the capacity of PMOs and DMOs to integrate the delivery of HIV/AIDS services with malaria programming as well as reproductive, maternal, newborn and child health services

A. Implementation Approach

Current MoH policy calls for routine CT in all clinical areas. PMTCT services are provided within the national ANC service package. Through training and hands-on

[3] Joint United Nations Programme on HIV/AIDS (UNAIDS) retrieved from the World Wide Web on March 1, 2010 at www.unaids.org/en/PolicyAndPractice/Gender/default.asp

mentorship of health care providers in supported facilities, ZPCT II has increased HIV/AIDS service integration with TB, STI and pediatric care. ZPCT II will continue to collaborate with the MoH to integrate services with FP/RH and malaria, as well as other areas as outlined in Objective 1. FHI, through other USAID funding, is conducting research on increasing uptake of family planning among post partum women and has just completed a study on the use of a pregnancy check list to address family planning needs of women initiating ART. These study results will be incorporated into ongoing FP/HIV integration implementation.

In addition, ZPCT II will work with provincial and district health officials to continue to identify and implement new opportunities for integration, such as initiating ART in hospital wards and other non-ART clinic settings.

B. Key Activities

- Training technical staff at PMO and DMO level to support facilities in the delivery of integrated services
- Train managers to increase their capacity to provide technical assistance and supportive supervision on service integration to their own staff and facilities
- Support PMOs and DMOs to expand service integration to facilities not supported by ZPCT II using the UNICEF model that provides technical assistance to the district rather than at the facility level

3.2: Increase the capacity to integrate gender considerations in HIV/AIDS service delivery to improve program quality and achieve inclusiveness

A. Implementation Approach

Through careful analysis of GRZ/ZPCT II service delivery approaches and community resources (including private sector partners, traditional leaders, women's and youth groups), technical teams have outlined appropriate strategic approaches and activities to ensure the successful integration of gender across programming. Approaches will build on existing frameworks and models for service delivery including the incorporation of gender into the current nationally approved standard training packages for health care providers. Linkages from the facility to the community level and vice versa are essential as is the inclusion of services for survivors of gender-based violence, rape and other abuses into the GRZ/ZPCT II referral networks. Building the capacity of provincial and district medical officers and service providers to identify and respond to gender issues related to HIV/AIDS prevention, care and treatment and hindrances to health seeking behaviors is central to this strategy. These efforts will also target communities, volunteers, and private sector partners to enable broader social action.

The new ZPCT II Gender Strategy and related schedule of activities will be launched in close collaboration with the MoH and other stakeholders. This will be the first step to raise awareness about ZPCT II's commitment to integrating gender approaches across the project. Building the capacity of provincial and district medical officers and service providers to identify and respond to gender issues related to HIV/AIDS prevention, care and treatment and hindrances to health seeking behaviors is central to this strategy and will begin in this workplan period.

ZPCT II will use the Rapid Results for Gender Integration (RRGI) methodology to frame ZPCT II's gender activities. RRGI is an approach that carves up longer-term strategic objectives into 100-day initiatives that engage stakeholders, accelerate project implementation and promote accountability. The RRGI will link into ZPCT II indicators related to gender.

B. Key Activities

- ZPCT II will present the findings of the gender assessment conducted in March 2010 to GRZ partners and other stakeholders. If requested, ZPCT II will support the design of a national gender strategy for HIV/AIDS prevention, treatment and care. If necessary, a second rapid assessment will be conducted to further inform strategy design.
- Launch ZPCT II Gender Strategy and work plan
- Integrate gender into existing service provider training packages for lay cadres including ASWs and community-based counselors
- Enhance facility-based services to improve male access to HIV and other RH services, where feasible structuring services to accommodate men
- In collaboration with USAID/PEPFAR prevention projects, develop health sector partnerships between community groups and health facilities to enhance access to services and information about HIV and related social services and referrals
- Collection and reporting of sex-disaggregated data will continue as part of M&E. Sex disaggregated QA/QI data on couples counseling in CT and PMTCT will provide important feedback on service effectiveness for couples

3.3: Increase the problem solving capabilities of PMOs, DMOs and health facility managers to address critical HIV/AIDS program and service delivery needs

A. Implementation Approach

ZPCT II is supporting the MoH to implement an M&E system that monitors performance in achieving rapid scale-up of services, while also responding to the information needs of the GRZ, PEPFAR, USAID/Zambia and the NAC. Information is collected from the GRZ's HMIS as well as QA/QI tools. This information supplements HMIS data by measuring service quality according to MoH SOPs and

guidelines and identifying areas that need to be strengthened. Data collection quality has improved significantly with ZPCT II support, which has included training the district health information officers (DHIOs) and hiring of data entry clerks where needed, especially for ART sites, provision and maintenance of computers, regular data audits and training for health care workers and district health information staff. ZPCT II will continue to build MoH capacity at all levels to collect, compile, interpret and report data, as well as to expand its use as a tool for improving HIV/AIDS service delivery.

B. Key Activities

- ZPCT II and DMOs will hold quarterly meetings with health facility staff to discuss the previous quarter's activities and share data to identify potential problem areas in service delivery and develop solutions
- Facilitate quarterly provincial level data review meetings to review district data
- Support provincial data management specialists' participation in ZPCT II data audits and district quarterly reviews
- Train DHIOs to interpret and use QA/QI information in M&E
- Develop mechanisms to include HMIS data collected at the community level in national statistics
- Place data entry clerks at the district level to support implementation of the QA/QI system
- Hold annual provincial meetings to review project performance
- Support operational research and analysis with the MoH to increase the use of evidence-based responses to challenges in the field

3.4: Develop and implement strategies to prepare governmental entities in assuming complete programmatic responsibilities

A. Implementation Approach

ZPCT II is working with the MoH at the central level to solicit support and concurrence on the process and expected outcomes of the management capacity building activities for the PMOs and DMOs. The ZPCT II Capacity Building Strategy was designed and submitted to the MoH for endorsement in year one. Also in year one, the capacity building component adapted the Organizational Capacity Assessment Tool (OrgCap) and administered it in the Northern Province at the PMO, DMOs, and ZPCT II supported health centers in the Province. Assessment findings were used to:

- verify and validate PMO and DMO profile information obtained through literature review and secondary data sources

- formulate an analytical framework for the project's capacity building approach; and
- finalize the capacity assessment tool and a scoring methodology that will be used to derive project baseline and measure progress throughout project implementation

During this workplan period, ZPCT II will adopt a phased approach to the roll-out of the capacity building strategy. The team will strengthen the foundation of the capacity building approach by collecting baseline data and will work with the MoH, PMOs and DMOs to outline capacity building interventions that are both country-driven and evidence-driven to ensure local ownership and alignment with national priorities.

B. Key Activities

- In collaboration with MOH, the capacity building team will conduct five two-day indicator generating workshops in all ZPCT II project provinces—the performance indicators will be used to track capacity building progress throughout the lifespan of the project
- Finalize the scoring methodology of the OrgCap tool and incorporate it in the capacity building work plans and training plans developed for PMOs and DMOs
- Build consensus with PMO and DMO teams regarding capacity building priorities
- Use the OrgCap tool to assess the management capacities of the PMOs and DMOs in the Copperbelt Province in order to determine specific capacity gaps that need to be addressed and to establish the baseline
- In coordination with the relevant MoH Directorates, develop and initiate standardized capacity building interventions in ZPCT II-supported provinces—initial capacity building activities will be aligned with the recent MoH restructuring process and adoption of revised policies in the areas of financial management and human resources (HR) appraisal
- Develop and adapt training tools, job aids, management checklist, workflow charts, supervision plans, and other tools that will reinforce the training curricula and will enable the implementation of their contents in practice
- In consultation with the MoH, select one of the two priority areas – financial management or HR appraisal – and support the MoH in the implementation of the training curriculum in the five focus provinces. Lessons learned and feedback from the initial training will be incorporated in the preparation for the roll out of the subsequent trainings

3 Capacity Building for PMOs and DMOs		Life of Project Targets	Workplan Targets (June 1 –Dec 31, 2010)
1.	Local organizations (PMOs and DMOs) provided with technical assistance for HIV-related institutional capacity building	47	47

Objective 4: Build and manage public-private partnerships to expand and strengthen HIV/AIDS service delivery, emphasizing prevention, in private sector health facilities

A. Implementation Approach

The private sector plays an important and growing role in increasing access to quality health care. There are a variety of private sector owned and run health facilities including those run by various church organizations and companies designed to serve employees and their families. It is therefore important that ZPCT II continue to support the private sector to provide quality HIV/AIDS services, following established national standards.

B. Critical Issues and Challenges

- Limited facility capacity to deliver quality HIV/AIDS services including lack of appropriate laboratory equipment needed for baseline investigations and patient monitoring. HIV/AIDS is a relatively new area, particularly for the smaller and poorly resourced private sector health facilities. To ensure effective management of HIV/AIDS by these facilities, ZPCT II is working to strengthen and formalize linkages between six private sector facilities and the public health sector facilities supported by ZPCT II.
- Limited or lack of monitoring by district and provincial health authorities of practices in these facilities is a cause for concern, particularly for a complex and dynamic public health problem such as HIV/AIDS. The fact that these facilities are not monitored as part of the regular MoH performance assessments or provided with regular technical support raises the real possibility of comprises on the quality of services going unchecked with deadly consequences for clients/patients.
- Non compliance with national MoH standards of service provision. ZPCT II is working with six private sector facilities to train staff, provide job aids, national protocol guidelines, standard operating procedures (SOPs) and regular technical assistance on their usage. ZPCT II is working with the facilities to ensure formalization of linkages to the MoH commodity supply chain for ARVs and networking for specimen referral for laboratory samples as well as strengthening data management. ZPCT II is also working to help the facilities attain and maintain Medical Council of Zambia ART accreditation.

C. Objective 4—Key Result for June 1, 2010 – December 31, 2010

- Public-private partnerships for HIV/AIDS service delivery established in target provinces through implementation of tested technical approaches from the public sector

D. Coordination

The USG currently supports delivery of HIV/AIDS service in private health facilities through public-private partnerships with eight mining and agribusiness companies. Using Global Development Alliance (GDA) arrangements, USAID/Zambia has supported the scale-up of HIV/AIDS services in the companies' hospitals and clinics to benefit not only workers and their families, but also members of surrounding communities. ZPCT II seeks to expand public-private partnerships to further strengthen Zambia's delivery of HIV/AIDS services.

ZPCT II will partner with CHAMP, a PEPFAR funded organization that currently supports the GDA activities. CHAMP will continue to work through the Community Empowerment through Self Reliance (COMET) New Project Initiative grant and Global Fund mechanisms to manage its current GDA activities. ZPCT II will develop a letter of collaboration with CHAMP and the COMET project to coordinate the work with larger private sector companies. In Solwezi District, the First Quantum Mine will be supporting the Solwezi District Hospital with extensive renovations and the mine will also support many of the rural health facilities in the district. ZPCT II will coordinate this support with our program areas to ensure targets are not duplicated. In addition, ZPCT II will support many of the COMET support private health facilities with quality assurance visits to ensure the MOH standards of care are being adhered to. COMET and ZPCT II will develop a joint scope of work for a technical visit to review the current GDA activities and to determine if further technical assistance is needed. Further discussions will take place in this work plan period for ZPCT II to provide MC services to some of the larger private health facilities.

E. Key Activities

- Ensure that MoH quality standards are met in the GDA facilities by providing technical assistance using the ZPCT II model and implementing the approaches outlined in Objectives/Tasks 1 and 2
- Identify other private facilities to support, including ensuring their inclusion in district-based referral networks to increase access to comprehensive care and support services
- Provide support to identified private health facilities across the five provinces
- In addition to the six private facilities from year one, extend support to another six health facilities for the provision of HIV care and treatment services (CT, PMTCT, ART and MC where feasible)

- Train staff from the supported private health facilities using the national training packages in the different technical areas; provide on-site hands on mentorship and distribute the different national protocol guidelines to facilitate provision of services in selected facilities
- Support the development of a monitoring and evaluation system including the use of national data collection tools to support HIV service delivery in these private facilities and include these private facilities in district-based referral networks

4 Public-Private Partnerships		Life of Project Targets	Work plan Targets (June 1 –Dec 31, 2010
1.	Private health facilities providing HIV/AIDS services	30	12

Objective 5: Integrate service delivery and other activities, emphasizing prevention at the national, provincial, district, facility and community levels through joint planning with the GRZ, other USG and non-USG partners

A. Implementation Approach

As outlined throughout this work plan, collaboration and cooperation with the GRZ and a wide range of other partners are essential features of the ZPCT model. ZPCT II will continue to build on earlier efforts to ensure that Zambia's HIV/AIDS services are fully integrated and non-duplicative. Many of these areas and activities are discussed under Objectives 1 - 4.

B. Critical Issues and Challenges

- Weak integration between community and clinical HIV/AIDS services. Strengthening clinical HIV/AIDS services is a key ZPCT II approach. However, clinical services alone may not be sufficient to ensure comprehensive and ongoing care for clients when they are back in their communities. Many communities have several other service providers apart from government health facilities that provide a range of services including home based care, prevention activities such as CT and peer education. ZPCT II is working with other USG funded programs to strengthen access to ART through community HBC models. Partnerships are linking USG funded and non-USG funded community HIV/AIDS services to government clinical services, thereby strengthening community based prevention, care and treatment services, and more importantly strengthening the continuum of care
- Weak referral networks. The lack of well organized referral networks at district and facility levels hinders the development of an effective continuum of prevention and care services that are easily accessible. ZPCT II, through its innovative sample referral system is working to improve inter facility referral of

samples, thus ensuring a continuum of care for clients. ZPCT II is also working to expand and strengthen district referral networks. This is meant to increase access to comprehensive HIV care and support services and to facilitate the systematic and formal linking of HIV/AIDS related services to ensure that clients access available services at any given time, at the health facility and community level

- No systematic coordination between partners involved in male circumcision services. ZPCT II is working with all the partners to improve coordination and collaboration in relation to MC scale up plans and implementation at the facility level through regular meetings with partners. For facility level implementation, ZPCT II is working to integrate ZPCT supported services with partner supported MC services in facilities where both ZPCT II and the partners are working. These partners include Society for Family Health (SFH), Marie Stopes, Jhpiego, and CHAZ

C. Objective 5—Key Results for June 1, 2010 – December 31, 2010

- ZPCT II activities incorporated into all PMO and DMO action plans annually
- ZPCT II participating in all technical working groups with the MoH, NAC and other partners

D. Coordination

ZPCT II will continue to play an active role in the MoH's twelve HIV/AIDS related TWGs. Through the TWGs, ZPCT II helped to develop and review guidelines, training packages, SOPs and technical updates across all technical areas. ZPCT II will continue to participate in other stakeholder groups such as the NAC's Treatment, Care and Support Theme Group and the DNA PCR Stakeholders Committee.

ZPCT II will continue to look for opportunities for collaboration to avoid duplication of effort, optimize resources and expand the range of supported services in innovative ways, especially at the community level. District based referral networks will be strengthened and expanded.

ZPCT II will coordinate with the Japanese International Cooperation Agency (JICA) and Médicos Sin Fronteras (MSF) on the project's expansion into Mumbwa and Luwingu districts, where JICA and MSF, respectively, provide assistance to health facilities. ZPCT II will collaborate with the Society for Family Health (SFH) led consortium on MC (see Section 1.4). ZPCT II will continue to collaborate with UNICEF and provide support in PMTCT and pediatric ART to 53 health facilities in three districts in Luapula Province.

Other examples of collaborative partnerships include USAID's A Safer Zambia (ASAZA) project to reduce gender-based violence and the European Union-funded Strengthening TB, AIDS and Malaria Prevention Programs (STAMPP) to increase health-seeking behaviors and access to integrated health services for the poorest, most

vulnerable populations. ZPCT II will continue to link USG and non-USG community programs to clinical services via the referral networks. These will include the upcoming USAID-funded ZPI project and COPI-OVC.

E. Key Activities

- Bring stakeholders together to share technical information and lessons learned
- Participate in the annual ARV Update Seminar
- Participate in provincial level updates to share knowledge and best practices with provincial/district-level stakeholders and providers
- Participate in the district level planning process so that all ART activities are integrated into district action plan
- Initiate letters of collaboration with partners, both USG and non-USG to ensure clear communication
- Refer identified orphans and vulnerable children (OVC) to community programs for assistance through existing district referral networks

III. Strategic Information (M&E and QA/QI)

A. Implementation Approach

The SI unit will provide extensive TA and support to all ZPCT II sites in terms of data collection, management and reporting for all program areas with specific emphasis on capacity building in reporting New Generation PEPFAR indicators and ZPCT II's new program elements. The SI unit will ensure that support for the continued and uninterrupted flow of information from ZPCT II supported sites to the national level (health facilities, district, province and national) is sustained. The unit will also provide technical support to all partners in M&E activities to ensure accurate and reliable data for program implementation is collected in a timely manner.

In addition, in partnership with the Program and SI units, the Procurement unit will facilitate the procurement and distribution of necessary computer equipment and accessories for both new and existing ART sites (for SmartCare in both clinical care and PMTCT as well as other electronic information systems).

Quality Assurance and Quality Improvement (QA/QI)

ZPCT II will provide technical assistance and support in all old and new technical program elements to ensure high quality service delivery in all its supported sites. ZPCT is committed to improving the quality of care and services and ultimately the quality of life for people living with HIV and AIDS. Areas of focus towards mitigating the transmission of HIV and ensuring quality of life for PLWHA are MC, CT, and PMTCT with laboratory and pharmacy support services.

All ZPCT II technical programs including M&E are required to routinely implement the QA/QI system to:

- Assess the extent to which HIV health services are consistent with the most recent public health and policy standards and guidelines for the treatment and prevention of HIV disease, its related opportunistic infections and chronic non-communicable diseases related to long-term HIV infection;
- Develop strategies for ensuring that such services are consistent with the standards and guidelines for improvement in the access to and quality of HIV services;
- In addition to meeting good quality standards, ensure all ZPCT supported sites sustain high quality HIV services through the district graduation and sustainability strategy
- Beyond program level parameters, set the stage for optimum patient level outcomes through monitoring quality of patient level care
- Ensure that ZPCT supported sites get accredited to relevant Medical Council of Zambia/ MoH Accreditation programs (ART site accreditation)

ZPCT II is also committed to applying quality improvement strategies for program implementation via lessons learned and evidence generated through operations research

Facility and District Sustainability Strategy

In response to positive results from the QA/QI system, ZPCT II developed a graduation policy for ZPCT supported health facilities to continue to provide good quality services in the absence of external technical support as part of its sustainability plans. The graduation policy aims to transition supervision and technical assistance of health facilities that have attained a consistently high level of technical quality from ZPCT II to GRZ support without compromising service delivery or quality. ZPCT II's technical strategies and QA/QI tools will be the basis to assess service quality in health facilities. Districts eligible for graduation must have facilities which maintain and sustain an acceptable standard in all technical areas namely CT, PMTCT, clinical care, ART and pharmacy/laboratory for a period of three to six months before they can be graduated.

Performance Monitoring

All ZPCT II partners (MoH and private-sector health facilities, CBOs, FBOs, etc.) submit monthly service statistics based on OGAC/MoH/NAC indicators to the project's provincial M&E units. The data collection system is based on and supports the official MoH HMIS, in line with the "Three Ones" principle (one national coordinating authority, one strategic framework, one M&E system). Primary data is collected at the facility level using GRZ-approved tools and is used to generate monthly service delivery reports for all technical areas. Reports provide immediate

feedback on performance and are used to review progress and improve service delivery in quarterly feedback meetings with the partners. This process builds partners' capacity to 1) utilize data for decision-making, 2) measure progress toward reaching targets, and 3) use the findings of the QA/QI system (discussed below) to improve quality of care according to national standards. ZPCT II will work with the private sector to introduce MoH approved tools and provide technical support to ensure data is reported into both the HMIS and project M&E system. ZPCT II also will disseminate program information and lessons learned through workshops, conferences and publications.

Evaluation

Project data, combined with other data sources, will be compared with baseline findings to establish program outcomes and impacts. Baseline data for required indicators will be collected from service statistics and other sources at the end of the current ZPCT program. ZPCT II also will conduct ongoing program evaluations including operational research with the MoH.

B. Critical Issues and Challenges

- Delays from the SmartCare software development team in responding to ZPCT queries have caused corresponding delays in using SmartCare as a reporting tool in the 98 sites running the software. The software is updated, however, on a daily basis alongside the paper-based ARTIS system
- A selected set of PEPFAR next Generation Indicators (NGI) pose major challenges as registers and reporting tools separate from the national HMIS need to be created for their collection. The use of these registers and tools will take time away from already overburdened health care work force in ZPCT sites

C. Life of Project (LOP) and Work Plan Targets
June 1, 2010 – December 31, 2010

Objective	Indicators (June 1, 2010 to December 31, 2010)	Project Targets (LOP)	Year One Targets(Aug 09 – May 10)	Year One Results (Aug 09 – May 10)	Year Two Targets Work Plan (Jun 10 – Dec 10)
1.1 Counseling and Testing (Projections from ZPCT service statistics)					
1.	Service outlets providing CT according to national or international standards	370	271	271	296
2.	Individuals who received HIV/AIDS CT and received their test results (including TB)	728,000	118,333	399,434	84,581
1.	Individuals trained in CT according to national or international standards	2,316	520	506	301
1.2 Prevention of Mother-to-Child Transmission (Projections from ZPCT service statistics)					
2.	Service outlets providing the minimum package of PMTCT services	359	262	262	287
3.	Pregnant women who received HIV/AIDS CT for PMTCT and received their test results	572,000	94,167	131,404	66,500
4.	HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	72,000	11,214	18,861	8,183
5.	Health workers trained in the provision of PMTCT services according to national or international standards	5,325	1,150	1,108	840
1.3 Treatment Services and Basic Health Care and Support (Projections from ZPCT service statistics)					
6.	Service outlets providing HIV-related palliative care (excluding TB/HIV)	370	271	271	296
7.	Individuals provided with HIV-related palliative care (excluding TB/HIV) (adults and children)	560,000	90,000	153,816	96,412
8.	Pediatrics provided with HIV-related palliative care (excluding TB/HIV)	60,000	10,000	11,795	10,581
9.	Individuals trained to provide HIV palliative care (excluding TB/HIV)	3,120	600	572	364
10.	Service outlets providing treatment for TB to HIV+ individuals (diagnosed or presumed) in a palliative care setting	370	271	271	296
11.	HIV+ clients attending HIV care/treatment services that are receiving treatment for TB	17,000	2,667	4,220	2,009
12.	Individuals trained to provide treatment for TB to HIV+ individuals (diagnosed or presumed)	3,120	600	572	364
13.	Registered TB patients who received HIV/AIDS CT and their test results at a USG-supported TB service outlet	30,400	4,683	4,693	3,479
14.	Service outlets providing ART	130	121	116	128
15.	Individuals newly initiating on ART during the reporting period	115,250	19,167	25,107	13,489
16.	Pediatrics newly initiating on ART during the reporting period	11,250	1,667	2,024	1,379
17.	Individuals receiving ART at the end of	146,000	79,732	106,742	90,148

Objective	Indicators (June 1, 2010 to December 31, 2010)	Project Targets (LOP)	Year One Targets(Aug 09 – May 10)	Year One Results (Aug 09 – May 10)	Year Two Targets Work Plan (Jun 10 – Dec 10)
	the period				
18.	Pediatrics receiving ART at the end of the period	11,700	5,726	7,606	6,664
19.	Health workers trained to deliver ART services according to national or international standards	3,120	600	572	364
1.4 Male Circumcision (ZPCT II projections)					
3.	Service outlets providing MC services	50	16	15	22
20.	Individuals trained to provide MC services	260	100	104	60
2.1 Laboratory Support (Projections from ZPCT service statistics)					
4.	Laboratories with capacity to perform: (a) HIV tests and (b) CD4 tests and/or lymphocyte tests	111	96	84	103
21.	Individuals trained in the provision of laboratory-related activities	375	80	192	42
22.	Tests performed at USG-supported laboratories during the reporting period: (a) HIV testing, (b) TB diagnostics, (c) syphilis testing, and (d) HIV/AIDS disease monitoring	3,813,000	635,500	887,036	444,850
2.2 Capacity Building for Community Volunteers (Projections from ZPCT service statistics)					
23.	Community/lay persons trained in counseling and testing according to national or international standards (excluding TB)	2,506	506	484	287
24.	Community/lay persons trained in the provision of PMTCT services according to national or international standards	1,425	285	299	161
25.	Community/lay persons trained in the provision of ART adherence counseling services according to national or international standards	600	120	287	70
3 Capacity Building for PMOs and DMOs (ZPCT II projections)					
26.	Local organizations (PMOs and DMOs) provided with technical assistance for HIV-related institutional capacity building	47	47	47	47
4 Public-Private Partnerships (ZPCT II projections)					
27.	Private health facilities providing HIV/AIDS services	30	6	6	12

D. Coordination

- ZPCT II collaborates with the MoH to strengthen the QA/QI system across all technical program areas. The program also coordinates with CDC for technical assistance regarding the development, update and implementation of SmartCare. The specialized SmartCare pharmacy-dispensing module was developed in close collaboration with JSI and the CDC software developers. The module is due for roll out between June and December 2010.

E. Key Activities

QA/QI System

- Collaborate with technical staff to reinforce the understanding, dissemination and systematic use of QA/QI tools, job aids, standard operating procedures (SOPs) and related materials
- Regularly analyze, document and disseminate all QA/QI data collected to determine progress toward evidence based benchmarks that will be put into action for improving the quality of HIV health services offered by ZPCT supported health facilities
- Conduct QA/QI Data Audits in provincial ZPCT offices and in selected ZPCT-supported facilities to ensure quality of the prescribed QA/QI processes with room for process improvement
- Strengthen feedback and evaluation mechanisms into the process to ensure that QA/QI goals are accomplished and concurrent with standard outcomes
- Liaise with all ZPCT technical staff to document and disseminate QA/QI best practices, lessons learnt and operational research for program improvement
- Implementing a structured process of selection and prioritization of facility based QA/QI improvement initiatives and support needs
- Work to strengthen QA/QI capacity building activities through use of QA/QI orientation package, training materials and technical support
- Implementing steps outlined in the QA/QI and graduation procedure manual for use by ZPCT II and the districts for monitoring performance of ZPCT supported sites
- Conducting periodic evaluation of program elements and quality outcomes for program improvement
- Carrying out client exit surveys periodically to complete the assessment of HIV service quality provided in supported sites
- Collaborate with MoH at all levels (central, provincial, district and facility) to institutionalize QA/QI activities

- Provide technical support to MoH quality-related committees and technical working groups to develop and roll-out standardized MoH QI initiatives

Operations Research

- Establish a ZPCT II QA/QI database
- Assess the importance and possible benefits of HIV retesting of sero-negative antenatal attendees at delivery within the PMTCT program
- Assess quality of new program elements

Technical Area Support

Technical Area	Activities
CT/PMTCT	▪ Implement the use of SmartCare in ANC/CT/PMTCT at selected sites followed by a widespread roll-out of the software ▪ Maintain accuracy of records ▪ Timely record updates ▪ In collaboration with Pharmacy/Lab unit, ensure the timely running of commodity management systems for the testing corners in the facilities and strengthen systems for accountability of commodities ▪ Conduct, as appropriate comprehensive training in use of appropriate data collection tools at new ZPCT II sites ▪ Provide intensive technical support in appropriate data collection methods for new Generation PEPFAR and ZPCT II new program elements indicators
ART/Clinical Care	▪ Train and mentor appropriate facility staff to correctly enter data in to the SmartCare system ▪ Build capacity in the provincial M&E officers, data management specialists and District Health Information Officers on QA/QC for electronic information systems such as SmartCare ▪ Train and mentor facility staff to correctly fill in the SmartCare forms in collaboration with the Clinical Care unit in both existing and new sites ▪ Schedule visits to check on the SmartCare deployment progress in new sites while strengthening the running of the system in existing sites. ▪ Provide intensive technical support in appropriate data collection methods for new Generation PEPFAR and ZPCT II new program elements indicators
Laboratory	▪ Train and mentor facility staff to correctly fill in the PCR lab forms at the referring health facilities, in collaboration with the Pharmacy/Lab and CT/PMTCT units ▪ Build capacity in the provincial M&E officers, data management specialists and District Health Information Officers on QA/QC for the PCR information system (referral forms and database) ▪ Train and mentor facility staff to correctly enter the data into applicable electronic databases or paper-based information system for the efficient management of the logistics system ▪ Train and mentor facility staff to correctly document the laboratory samples ▪ Train and mentor facility staff to correctly document the PCR samples during transport and processing ▪ Train lab staff to document and report back to health facilities on why samples have been rejected (if any) by the PCR lab

- Provide intensive support to SmartCare PMTCT pilot sites across the five provinces including training, distribution of the required computer equipment and accessories, and on-site post-training support
- Provide specific technical support for the PCR lab activities (database management and data processing) and for the sending health facilities (i.e. documentation and data management)
- Provide intensive capacity building for SmartCare such as data entry and quality assurance and control (QA/QC), including SmartCare database completeness following SmartCare commissioning
- Monitor the SmartCare system for reliability in conjunction with CDC/MoH and other partners
- Periodically conduct SmartCare QA/QC for aggregated data from all ZPCT II supported health facilities to measure the levels of accuracy of the data entry
- Procure SmartCare forms for ZPCT II supported health facilities
- Update the ARV dispensing tool or SmartCare dispensing software in all ART sites
- Update existing reports and liaise with CDC over new SmartCare program area reporting requirements
- Ensure proper SmartCare setup in facilities with multiple installations

Performance Monitoring—Data Use and Management

- Continue to provide data and guidance for quarterly feedback meetings with the PMOs and DMOs
- Recruit additional data entry clerks for ZPCT II-supported health facilities as needed
- Conduct a semi-annual data audit in all provinces to ensure reliability of data reported and set up a system to amend reports, when needed
- Conduct data analysis by technical area for documentation of results and problem solving
- Conduct statistical trend analysis for program feedback
- Assist in documentation and dissemination/publication of ZPCT achievements in the specific program areas
- Provide technical support for the MC database
- Update QA\QI database to reflect projected changes as a result of new data elements in ZPCT II
- Update and maintain PCR Lab Database, training database and M&E databases

- Develop Data Collection tools for FHI/Partner surveys
- Update the comprehensive Data Quality and Validation guide
- Develop a Geographic Information Systems database
- Develop a web reporting application to develop monthly and quarterly reports on demand by provincial M&E technical staff; this will enable ad hoc reports to be generated from the field depending on the information required

IV. Program and Financial Management

ZPCT II has a well functioning management structure in the Lusaka office and the five provincial field offices as well as good working relationships with the MoH and other partners. Collaboration with the MoH is governed by Memoranda of Understanding (MOU) at the national and provincial levels and implementation agreements with provinces, districts and hospital boards. In addition, there are sub contracts with the ZPCT II partners. Partners under ZPCT II with field presence have placed their staff within the ZPCT II management structures to ensure the smooth operation of the project.

A. Program Management

ZPCT II has six offices with the central office in Lusaka and one field office in each of the five ZPCT II supported provinces. The ZPCT II program is managed by the Chief of Party (COP), a Deputy COP/Director of Programs, Director of Technical Support, a Director of Finance and Administration and a Senior Monitoring & Evaluation Advisor. This senior team of Directors is supported by a Technical Advisor, a Finance and Administrative Advisor, five Provincial Managers and an extended senior management staff. The COP and Directors meet weekly and an extended senior management team meets monthly to supervise and manage the overall program with support from the Provincial Program Managers. See *Annex F* for the current ZPCT II organizational chart.

During the seven months of this work plan period, ZPCT II (in collaboration with PMOs, DMOs) will identify 25 new facilities across 40 districts to be supported through recipient agreements with the PMOs and DMOs reaching a total of 296 facilities.

The recipient agreements with the PMOs and DMOs are designed to provide mutually agreed upon assistance without directly granting funds to the districts or any government institution. Hence, FHI manages the funds allocated to the respective provinces and district medical offices. Between May and June 2010, the ZPCT II program management team will amend at least 45 recipient agreements with the PMOs and DMOs and eleven with the general hospitals including UTH. In addition, subcontracts with the partners will also be amended as necessary.

The Program Management Unit in Lusaka will work with the provincial offices to monitor program implementation and strengthen decentralized components such as program reporting and will continue to provide program management support. The Lusaka Technical Unit will roll out and oversee the implementation of the technical strategies along with providing the technical backstop to the provincial technical teams to allow the provinces to effectively work with the districts and provinces to implement the program activities directly in the field. The Finance and Administration Unit will provide support to the program in line with the current work plan objectives. The three ZPCT II units will hold quarterly review meetings with the provincial teams and conduct regular field visits for overall program monitoring. Program and finance staff will participate in the FHI regional meetings on finance, program monitoring and leadership. In addition, program staff will participate in regional leadership and program monitoring trainings. See *Annex C* for a list of partners, roles and responsibilities and reporting structures.

B. Finance and Administration

ZPCT II will continue working on long term strategies for financial management that incorporate internal and external audits. The incorporation of audits is meant to enhance accountability and transparency in ZPCT II operations. Ernst and Young USA will conduct compliance and limited scope audits of the Zambia FHI programs in November 2010. ZPCT II will conduct on site quarterly financial reviews at the respective provincial and sub recipient offices. FHI/Zambia will continue to explore options meant to enhance cost control and efficiency.

The ZPCT II finance staff will participate in the regional USAID rules and regulation training meetings. FHI will support local continuous professional development training for finance staff during this work plan period. FHI will also enroll finance and administration staff in the USG online cost principles training. In addition, finance and administration staff will participate in regional leadership trainings. Furthermore, FHI will conduct finance and administration capacity building training for the sub-contractors finance personnel. The ZPCT II finance team will conduct financial orientations and trainings to program and partner staff on subcontracts and sub-grants management.

C. Information Technology (IT)

The IT unit will work closely with other ZPCT II units to identify technologies that can enhance program delivery. IT will deploy SMS technology to enhance patient communication and reduce dropout rates. The SMS technology will allow ZPCT II to bridge the communication gap by cost effectively communicating with partners and clients. Important information that can be communicated includes, but is not limited to, availability of lab results, missed doctor appointments and medication reminders. In addition, ZPCT II will complete the deployment of mobile internet access using General Packet Radio Service (GPRS) to new additional health facilities. Mobile internet access will enable the Data entry clerks to send reports and statistics in a

timely manner without the need for ZPCT II staff to visit the facilities. The deployment of GPRS internet access will also help reduce travel costs as the M & E data from the health facilities will be transmitted electronically.

IT will continue providing computer equipment, technical support including skills transfer to data entry clerks to ensure minimal disruption of data collection activities. IT will continue working with MoH, FHI strategic unit and other USAID partners in SmartCare related activities, provision of antivirus, software updates and repairs of faulty equipment.

IT staff will attend the Dell warranty training. This will enable the IT unit to perform warranty repairs on ZPCT II Dell equipment. This innovation will greatly reduce the costs and turnaround time for equipment repairs.

IT will continue implementing technological and systems advances aimed at reducing administrative costs. The innovative approaches will assist with the efficient undertaking of routine administrative tasks. This will include implementing a centralized system to monitor and track transport schedules. This will allow maximum usage of the available transport fleet.

The IT team will continue conducting periodic training sessions and refreshers on the use of Microsoft Office and general computer usage. The proposed training will help improve staff productivity and efficiency

IT staff will take a leading role in the recently launched ZPCT II Green Initiative. FHI will support this initiative through procurement of energy efficient IT equipment. In addition, the green initiative program will focus on efficient usage of heating ventilation and air-conditioning (HVAC) systems that will result in low energy consumption. This will be achieved by ensuring the following:

- All air-conditioning equipment is turned off when not in use
- Doors and windows are closed when air-conditioning equipment is in use
- Staff use natural light and switch off lights during daytime
- Replacement of conventional lights with energy efficient lighting

D. Procurement

FHI anticipates that the current staffing complement for ZPCT II will reach 257 by the end of 2010 as per the project's organogram. Therefore, in the current work plan period, ZPCT II will procure desktop and laptop computers, furniture and VoIP telephones as staff increases at the Lusaka office and the five field offices as approved in the IT computer plan submitted with the original proposal.

ZPCT II will procure ten BD Facscount machines to be used at ART sites to determine CD4 levels before initiating ART and for monitoring of ART clients in the health facilities. ZPCT II will continue to support the health facilities through

procurement of medical supplies (e.g. MC supplies), furniture, motorbikes, computer sets, generic medical equipment (e.g. autoclaves, centrifuges, hemocues, suction machine, blood mixer, microscopes, electronic balances), a solar set, generators and air conditioners. The proposed procurements will help improve service delivery in the MoH facilities.

In addition, FHI will procure the high value equipment (>$5000) for facilities including hematology analyzers, chemistry analyzers and CD4 count machines.

E. Human Resources

Recruitment of ZPCT II staff

There are 257 approved positions under ZPCT II. During year one, the human resource office facilitated the recruitment of 236 positions. Recruitment efforts are underway for the remaining 21 vacancies and it is anticipated that most of these positions will be filled by end of August 2010. The majority of the unfilled positions are health professionals. ZPCT II has slightly revised the organogram that includes two additional positions accommodated in the budget:

- One additional Program Officer in the Lusaka program team. The workload of the over 50 recipient agreements and the renovations requires one additional staff person
- One additional clerk to work in the procurement section of the finance and administration unit to assist with the more lengthy VAT process

In addition, during the next few months ZPCT II will assess the current staffing structure and may suggest additional positions, or changes in the organogram, to ensure the project is well staffed for the expanding portfolio. *See Annex G* for the ZPCT II organogram

Training and development

The need for training and development activities across all functional areas is ongoing. The approach to training is to develop generic training programs that will be specific for each position by respective program area, for instance technical officers will receive standard training for their functional role which will include amongst others basic research methods, data analysis, CT courses to mention a few. A comprehensive training plan has been developed which will ensure that every ZPCT II staff would have benefited from the trainings. Program and support staff will be exposed to training in budget development, project management etc.

Leadership training will be provided on an on-going basis as some of the staff move up and assume higher responsibilities including supervisory roles. The human resource office is working towards consolidating a list of trainers and institutions that will facilitate training for staff.

Annual performance assessments

Performance objectives for ZPCT II were developed at the beginning of Year one and translated at departmental and individual level for all ZPCT II staff. The annual performance evaluation process for ZPCT II staff will run from October to September each year. The assessment cycle commences in July 2010 and scheduled for completion by the end of October 2010. This process provides management and staff with the opportunity to measure performance and ensure conformance to ZPCT II goals. Most of the staff hired in year one will be due for their appraisal before the end of this year.

Team building activities

In order to increase collaboration and reinforce common goals to contribute to the overall success of the program, team-building activities will be conducted at least two times in a year across all ZPCT II offices.

Program Monitoring

Program monitoring of ZPCT II has taken into account the complex program design of the program with its wider scope and scale, which includes expansion of CT, PMTCT, clinical care/ART, MC, and pharmacy and laboratory services in new facilities. In order to improve coordination, implementation and tracking of all program inputs and outputs, ZPCT II has refined some of the current monitoring processes and tools.

Two sources of information exist: 1) routine monitoring of records of service provision in ZPCT II supported health facilities using the program's M&E system; and 2) program-specific information on all aspects of costs, quantities, and quality of inputs, processes, and outputs of ZPCT II at the office and health facility level. PEPFAR indicators have been added to the routine monitoring of service provision in program health facilities. The program's monitoring plan and tools have been refined and standardized in order to be responsive to the tracking needs of the program at the office and health facility level.

Levels of program monitoring

Program monitoring is currently done at Lusaka and provincial levels as follows: there is ongoing routine information gathering on program inputs and outputs in order to track performance and provide information on key program outputs.

Lusaka level:

The Lusaka office will continue to monitor program performance through:

- Review of provincial monthly program reports (including review of service statistics)
- Review of provincial QA/QI quarterly reports

- Monthly co-ordination and performance review meetings between finance, technical and program units in Lusaka
- Quarterly review of provincial monitoring plan and field verification of use of implementation tracking tools
- Quarterly update and review of annual work plan deliverables
- Quarterly review meetings with provincial program unit to review and monitor program implementation progress against projected targets
- Quarterly field visits to provide program management and monitoring support to the provincial offices
- Quarterly meetings with provincial technical teams—CT/PMTCT, CC/ART, pharmacy and laboratory, and SI/M&E—for technical updates, technical review and sharing of lessons learned and best practices
- Participation in technical update meetings and reviews by technical unit staff

Provincial level:

The provincial offices will continue to monitor program performance through:

- Monthly review of trip reports and field visit support forms
- Monthly review and documentation of service statistics
- Monthly review of monthly program reports
- Review of provincial QA/QI quarterly reports
- Quarterly review of provincial monitoring plan implementation
- Monthly and/or quarterly review and update of implementation tracking tools
- Monthly review and documentation (through trip reports) of activities undertaken to implement and verify compliance of the approved ZPCT II Environment Mitigation and Monitoring Plan
- Quarterly facility end user checks for satisfaction and location
- Quarterly provincial budget pipeline reviews
- Recipient Agreement expenditure tracking

V. Reports and Deliverables

The terms of this Task Order between USAID and FHI describe the reporting requirements and deliverables as follows:

Annual Work Plan

This document represents ZPCT II's second work plan and covers the period June 1, 2010 – December 31, 2010 to initiate alignment with the MoH work plan year. The third work plan will cover the period January 1, 2011 – December 31, 2011 and will be fully aligned with the MoH calendar year.

The annual work plan will detail the work to be accomplished during the upcoming year. The work plan may be revised on an occasional basis, as needed, to reflect the changes on the ground and with the concurrence of the COTR.

All work plans will include the estimated funding requirements necessary to meet program objectives within the Task Order for the period of program implementation. USAID will respond to the work plan within five calendar days.

Performance Management Plan

FHI submitted the LOP Performance Management Plan to USAID in year one. The plan includes project performance indicators and detailed information about each including: data sources, frequency and schedule of data collection, and organizations and individuals responsible for data collection and verification. In addition, the plan outlines how these data are analyzed and used by the project in order to continuously improve the program.

Quarterly Progress and Financial Reports

The Task Order states that Quarterly Financial and Progress Reports shall be submitted no later than one month after the end of the quarter. Partners will be asked to submit their reports 15 days before the due date so that their inputs can be incorporated into the quarterly reports submitted by FHI. The scope and format of the quarterly reports is determined in consultation with the COTR. In response to this, ZPCT II submits quarterly program and financial reports every quarter within thirty days after the end of each quarter. These reports outline progress made in achieving results and program challenges.

In addition, FHI will submit the SF-1034 financial report on a monthly basis after the end of each month.

PEPFAR Semi-Annual and Annual Progress Reports

ZPCT II will submit the semi-annual PEPFAR country operational plan (by April 30th) and annual progress reports for each calendar year (by October 30th) throughout the life of this project.

Other Deliverables

FHI conducted required environmental assessments during the first two quarters of year one and is using the Environmental Mitigation Plan and Marking and Branding Plan that were submitted to USAID in August 2009 and approved in November 2009.

FHI is using the sustainability plan that was submitted to plan activities to ensure activities continue after the project ends. Additionally, FHI submitted a grants manual for the sub-granting process during the first quarter of year one.

VI. LIST OF ANNEXES

Annex A: Work Plan Activity Implementation Gantt Chart

June 1, 2010 – December 31, 2010

		2010							
Activity	**Responsible Unit**	**Jun**	**Jul**	**Aug**	**Sept**	**Oct**	**Nov**	**Dec**	**Remarks**
Project Ongoing Core Activities									
Plan and implement quarterly stakeholder meetings with USAID, MoH and partners	All teams; ZPCT II Management								
Participate in the various MoH Technical Working Groups (CT/PMTCT; CC/ART; MC; Lab/Pharm; M&E/QA/QI)	Technical								
Coordinate training plans at national, provincial and district levels with MoH to ensure training activities are budgeted for by the districts	Technical, Training, Provincial Offices								MoH partners do not budget for out of pocket allowance. Where they do, it is only for few people.
Facilitate dissemination of latest national guidelines and SOPs	Technical, Provincial Offices								
Collaborate in developing and rolling out a standardized national HIV services QA/QI strategy and system	Technical, QA/QI								
Collaborate with PMOs, DMOs and facilities to support services in all technical areas, for integrations of services, for community activities and for capacity building	Technical, Program, Provincial Offices								
Provide comprehensive TA and mentoring to all project supported health facilities in all technical areas (CT, PMTCT, clinical care, ART, MC, laboratory/pharmacy, HMIS, M&E)	Technical								
Provide ongoing refresher training and technical updates to MoH staff at all sites in relevant technical areas	Technical, Training								
Provide TA and mentoring to ZPCT II provincial staff on training, planning and implementation	Training, Programs								
Three day meeting of ZPCT II provincial technical advisors	Technical								
Conduct TOT/Clinical Skills trainings in HIV/AIDS	Training, Programs								

Refurbish and upgrade space in new facility sites for quality HIV service delivery	Program								Partner processes and procedures such as the tender selection committee meetings, are sometimes not held timely, thus affecting ZPCT II refurbishment timelines. Credible and reliable contractors are few in rural provinces and this affects the pace at which refurbishments take place.
Support regular facility level meetings of HCWs, volunteers and management to share experiences, challenges and best practices	Provincial Offices, Community								
Ensure uninterrupted supply of HIV test kits, drugs, lab reagents and other essential commodities for all ZPCT supported facilities	CT/PMTCT, Lab/Pharm CC/ART								
Strengthen and expand the specimen referral systems for DBS, CD4 and other tests	Lab/Pharm, CC, CT/PMTCT								
Collaborate with MOH, JSI/Deliver/SCMS, CIRDZ, CRS, AIDS Relief, CDC and other partners on issues related to quantification, forecasting, procurement and security of reagents and HIV related commodities	ZPCT II Management; Technical								
Support the prevention strategy through the community mobilization component of the program	Community; Programs; Provincial Offices								
Provide ongoing supervision and support for lay volunteers in community	CT/PMTCT, CC/ART, Community; Provincial Offices								
Provide ongoing support to referral networks to strengthen referrals and linkages between facilities and community services	CT/PMTCT, CC/, ART, Community, Program								
Objective 1: Expand existing HIV/AIDS services and scale up new services, as part of a comprehensive package that emphasizes prevention, strengthens the health system, and supports the priorities of the MoH and NAC									**Remarks**
1.1 Expand counseling and testing (CT) services									
Train 588 HCWs and lay counselors in CT courses as follows: 140 in basic CT; 72 experienced counselors as counselor supervisors; 100 in couple counseling; 60 in child CT; 135 in youth CT & 81 in refresher CT	CT/PMTCT; Training; Provincial Offices								MoH staff are reportedly reluctant to attend ZPCT II trainings because of discontent over non-payment of out of pocket allowances. There appears to be saturation in terms of MOH staff to be trained in some provinces.

Strengthen or initiate CT services in all 25 new sites including mentorship of HCWs in new or routine provider initiated counseling and testing for both adults and children	CT/PMTCT								
Creation of testing corners in all service points where CT services are offered	CT/PMTCT								Creation of new service points dependent on space availability in the facility
Integration of CT services in TB, FP, STI and male circumcision services within the supported health facilities	CT/PMTCT								
Implement youth friendly CT including distribution of youth centered job aids	CT/PMTCT								
Distribute CT job aids and national guidelines to the new health facilities	CT								
Conduct mobile CT services to bring CT services to rural areas and closer to communities	CT								
Initiate routine symptom screening for TB, general health and other chronic diseases (e.g. Diabetes Mellitus & Hypertension) in 10 ZPCT II supported facilities in Copperbelt and Central Provinces	CT/PMTCT, CC								Pilot activity in only 10 sites initially.
Promote and strengthen CT for couples through community mobilization	CT/PMTCT, Community								
Integrate TB screening in mobile CT activities	CT, CC/ART, Community								
Refurbish identified CT rooms and testing corners (children's wards, youth CT, general CT, FP points, TB corners and MC)	CT/PMTCT, Programs								Limited refurbishments to be done if space is available for such improvements, otherwise co-sharing of space will be encouraged.
Increase health facility capacity to ensure uninterrupted flow of supplies through additional training in commodity and patient information management, specifically the new logistics systems for HIV test kits	CT/PMTCT, Lab/Pharm								
Strengthen referral from CT for those who test positive through referral tracking and accompanied referrals by lay counselors as needed to appropriate facility and community services	CT/PMTCT								
Strengthen / Initiate retesting after three months of HIV negative CT clients	CT/PMTCT								
Support reduction of HIV/AIDS stigma through IEC	Community								
Support community-based condom education and	Community								

distribution by providing IEC									
Support mobile CT using an inter-disciplinary team model	CT, Community								
Conduct focus group discussions with opinion leaders to promote and plan for anti-stigma activities	Community								
Promote and strengthen CT for couples through community mobilization	Community								
Integrate TB screening in mobile CT activities	Community								
Promote condom use and distribution in community prevention activities	Community								
Include anti-stigma activities in all ZPCT II mobilization activities	Community								
Train lay counselors in youth CT	Community, Training, CT								
Train Youth counselors in CT counseling supervision	Community, Training, CT								
1.2 Expand prevention of mother-to-child transmission (PMTCT) services									**Remarks**
Train 1,001 HCWs and lay counselors as follows: 840 HCWs (i.e. 515 basic PMTCT and 325 refresher) & 161 lay counselors in PMTCT; 100 HCWs in DBS & 100 HCWs (including ART providers) in family planning	CT/PMTCT, Training								MoH staff are reportedly reluctant to attend ZPCT II trainings because of discontent over non-payment of out of pocket allowances. There appears to be saturation in terms of MoH staff to be trained in some provinces.
Strengthen or initiate PMTCT services in all 25 new PMTCT sites with mentorship on the implementation of the "opt-out" strategy	CT/PMTCT								
Create testing corners in all new facilities within MNCH and promote same-day testing and results using the "Opt out" strategy	CT/PMTCT								
Strengthen timely CD4 count assessment for all HIV+ pregnant women at all sites by strengthening the sample referral system and collecting CD4 count blood samples on same day of HIV diagnosis where feasible. Ensure distribution of more motorbikes to the facilities and training more riders	CT/PMTCT								
Strengthen mother/baby pair follow up within the MNCH for cotrimoxazole prophylaxis for all HIV exposed babies and HIV testing of exposed babies at	CT/PMTCT, Lab/Pharm								

six weeks of age									
Strengthen the provision of more efficacious ARV regimens for PMTCT (HAART, AZT &NVP) for PMTCT	CT/PMTCT, Lab/Pharm								
Strengthen provision of family planning (FP) counseling within ANC and referral to FP services in postnatal period	CT/PMTCT								
Strengthen the use of community PMTCT counselors to address staff shortages in PMTCT settings	CT/PMTCT, Community								
Implement routine follow up of HIV negative pregnant women and repeat HIV testing, starting with a pilot in selected ZPCT II supported facilities across the five provinces	CT/PMTCT								
Promote integration of PMTCT with HIV prevention and malaria services through promotion of primary prevention of HIV and emphasizing the importance of malaria prevention strategies	CT/PMTCT								
Recruit, train and mentor TBAs already working as lay PMTCT counselors to provide prevention education, adherence support & mother baby pair follow up in the community	PMTCT, community, training								
Continue pilot implementation of the PMTCT SmartCare system in 15 facilities in the five provinces	SI, CT/PMTCT								
Implement and strengthen male involvement in PMTCT in the new sites	CT/PMTCT								Gender strategy to address this issue particularly in urban sites where less male involvement is apparent.
Initiate and strengthen the provision of PwP services	CT/PMTCT								
Distribute job aids and national PMTCT protocol guidelines to the new sites	CT/PMTCT								
Train TBAs to provide prevention education, adherence support, mother baby follow-up, and referral	Community								
Train PLWHA as ASWs to promote adherence to ART treatment	Community								
Strengthen the use of community PMTCT counselors to address staff shortages in PMTCT settings	Community								
Mentor TBAs already working as lay PMCT counselors to provide HIV/AIDS services	Community								
Provide supervision, guidance and support to communities on the use of bicycle ambulances	Community								

(Zambulances) to promote delivery at health facilities									
1.3 Expand treatment services and basic health care and support									**Remarks**
Train 375 HCWs in ART/OI and ART/OI refresher courses (public and private), pediatric ART (public and private) and 70 lay cadres in adherence counseling services	CC/ART								
Participate in the ART Seminar	Technical								Annual national event hosted by HIV implementing partners in collaboration with MoH. ZPCT II is an active participant and a host
Initiate ART services in all 12 new sites including outreach sites	CC/ART								
Scale up Pediatric ART through provision of ART in Pediatric wards for all infants < 12 months with confirmed HIV infection	CC/ART, CT/PMTCT								Dependant on linkage of children identified to HIV positive mothers through DBS results and recall of clients
Produce and disseminate pediatric ART job aids on WHO recommendation of initiating HAART in infants and usage of Fixed Dose Combinations (FDC)	CC/Programs/Admin								Will be done once 2009 WHO guidelines are adapted by the national pediatric ART sub committee TWG
Strengthen improved patient care and retention through SmartCare and other tracking tools	CC/ART, M&E								Dependant on sites being commissioned as SmartCare sites
Orient ART teams to be able to start generating SmartCare clinical reports for reviewing and improving the quality care of patients.	CC/M&E								This will happen once sites have been commissioned to report using SmartCare
Continued collaboration with community level providers such as Catholic Diocese	Program, CC/CMR								Dependent on partner willingness to continue relationship
Upgrade select outreach ART sites to static sites through capacity building to meet minimum requirements for Accreditation	Program, CC/ART								
Upgrade 2 ART/clinical care sites in each province to model sites to manage complicated cases, adverse drug reaction monitoring and management and treatment failures	Program, CC/ART								Dependant on MoH facilities' willingness to partner as well as a comprehensive package of care and services being approved by MoH
Replicate family-centered ART clinic model to provide comprehensive ART and clinical care services for children and their parents in same site	Program, CC/ART								
Support and strengthen formation of adolescent HIV clinics in high volume sites	CC/ART								This will happen initially in Copperbelt

Support provision of therapeutic food and "food by prescription" for children and adult HIV/AIDS clients	CC/ART, Pharm, CT/PMTCT								
Conduct patient education and counseling and training for HCWs in management of HIV as a chronic illness	CC/ART, Training								New activity to be rolled out
Collaborate in ART Site Accreditation for all project supported ART sites	ART/CC, QA/QI								Assessment of sites for accreditation by Medical Council of Zambia (MCZ) is dependant on the sites' readiness and availability of logistical and financial resources at MCZ to undertake the exercise.
Initiate pilot testing of SMS technology to track and retain clients	CC/ART, M&E								Pilot activity just being rolled out.
Continue training of nurse prescribers in the HIV nurse program in collaboration with GNC and MoH	CC/ART								Second group will be enrolled
1.4 Scale up male circumcision (MC) services									**Remarks**
Continue working with the UTH MC unit to conduct a training for MoH HCWs from supported sites providing MC	CC/ART, CT, Training, UTH MC								
Initiate and scale up standardized, quality adult and neo-natal MC services at 7 new ZPCT-supported MoH sites across the five provinces	CC/ART, Training								
Provide on-site mentorship and supportive supervision to newly trained HCWs, in collaboration with the FHI technical officers responsible for MC activities	CC/ART, UTH MC								
Implementing reporting adverse events and link to national HMIS system	CC/ART, M&E								
Integrate MC into existing CT protocols and male reproductive health services	CC/ART, CT								
Support community mobilization activities for MC	CC/ART, CT, Community								Dependent on initiation of services and availability of consumables
Ensure ZPCT support facilities are linked to the supply chain for MC commodities to ensure an uninterrupted supply	Pharm/Lab, CC/ART								

Objective 2: Increase the involvement and participation of partners and stakeholders to provide a comprehensive HIV/AIDS service package that emphasizes prevention, strengthens the health system, and supports the priorities of the MoH and NAC									**Remarks**
2.1. Strengthen laboratory and pharmacy support services and networks									
Train 150 pharm & lab staff in ART Commodity Management A and ART Commodity Management B; train 160 lab staff in equipment use and management	Pharm/Lab, Training, Provincial Offices								
Finalize review of ART pharmacy SOPs	Pharm/Lab								Can be implemented only in collaboration with MoH and other stakeholders
Printing, training and orientation, dissemination of revised pharmacy SOPs	Pharm/lab, Procurement								ZPCT II to print, but MoH to coordinate distribution to the non-ZPCT II supported sites
Support the implementation of the HIV EQA and CD4 EQA	Phar/Lab; CT/PMTCT								ZPCT II implementation and follow up action is dependant on MoH distributing the panels on time
Participate in MoH process to integrate pharmacy-related information systems (SmartCare, ARTServ and the logistics system) into a compatible, user-friendly system	Pharm/Lab, M&E								MoH driven program with on going activities in collaboration with JSI and CDC.
Facilitate implementation and roll-out of the new pharmacy information system	Pharm/Lab, M&E								MoH driven program with on going activities in collaboration with JSI and CDC.
Facilitate the implementation and roll-out of the National ARVs logistics system and the National PMTCT Drug Logistics System	Pharm/Lab, CT/PMTCT, CC, Training								Dependant on supply chain management system (SCMC/JSI) having conducted trainings at facility level.
Facilitate roll-out of the rational drug use and adverse drug reporting system in collaboration with the National Pharmacovigilance Unit and MoH	Pharm/Lab, CC								Dependant on National Pharmacovigilance unit and functionality of MoH provincial Pharmacovigilance teams.
Strengthen improved patient care by increasing capacity to manage TDF based regimens	Pharm/Lab; CC/ART								
Support the strengthening of the of DTCs in health facilities	Pharm/Lab								
Support the finalization and printing of the revised ART Commodity Management Training materials	Pharm/Lab								Dependant on MoH /SCMS approval and input on what components of national logistics /

									commodity management systems to include in the ZPCT II proposed revised ART Commodity Management Training package.
Support the Diagnostic Polymerase Chain Reaction (PCR) laboratory at Arthur Davison Children's Hospital	Pharm/Lab								Dependant on USAID/Zambia approval
Support MoH on introduction of point of care (POC) CD4 equipment in ZPCT II supported facilities – subject to MoH evaluation and approval	Pharm/lab; CT/PMTCT; CC/ART; Procurement								Dependant and subject to MoH equipment evaluation and approval
Facilitate facility-level implementation of the laboratory quality assurance program in collaboration with the MoH, CDC and other partners	Pharm/Lab								Subject to MoH's national plan and availability of QA materials.
Orient counselors conducting testing in all facilities in quality rapid HIV testing in guidance with the MoH and CDC	Pharm/Lab, CT/PMTCT								
Improve skills and knowledge and increase capacity of ZPCT II pharmacy and laboratory staff through ongoing training and mentoring	Pharm/Lab, Training								
Facilitate the implementation and roll-out of the National HIV test kits logistics system	Pharm/Lab								Dependant on supply chain management system (SCMC/JSI)
Facilitate the implementation and roll-out of the National Laboratory reagents and supplies logistics system	Pharm/Lab								Dependant on supply chain management system (SCMC/JSI)
Facilitate process towards integration of three lab-related information tools (SmartCare, the Lab MIS and the lab logistics system) into a single, integrated, user-friendly system	Pharm/Lab, M&E								Dependant on full utilization of current lab information system (LIMS) tool which is currently under utilized due to staff shortages in most laboratories.
Support the finalization, printing, dissemination and orientation of the Rational Use of Lab Tests manual	Pharm/Lab								Awaiting MoH lab services to identify other partners to Co-fund the draft finalization review meeting. ZPCT II will print and facilitate dissemination once the final draft is finalized.
2.2 Develop the capacity of facility and community based health workers									**Remarks**
Provide transport re-imbursement for CBV (TBAs, ASWs, PMTCT, and lay counselors) to facilitate their prevention, care, and treatment work	Community								

Provide ongoing supervision and support for lay volunteers in community	Community								
Procure Bicycles for community volunteers	Community								
Maintain and repair existing bicycles in ART centers	Community								
Procure rain gear for community volunteers	Community								
Procure tents for mobile CT	Community								
Review existing GBV training materials for content—adapt or develop others as needed	Community								
Basic Training curriculum and materials for community volunteers are reviewed and updated with gender information and approaches	Community; Training								Finalization of this dependent on MoH officially updating training curricula
Develop counseling checklists for facility- and community-based health workers to screen for GBV, discuss HIV disclosure with clients and provider-assisted disclosure for women and their partners	Community; Training								
Train trainers on new gender-based training and counseling materials and ensure they transfer knowledge to community volunteers including youth counselors, ASWs and TBAs during relevant trainings	Community; Training								
Work with opinion leaders (political, religious, traditional healers and others) to advocate for change in male norms and behaviors that hinder male involvement in sexual/reproductive health services, including HIV/AIDS services	Community; Training								
Integrate gender sensitive material into the manuals for PLWA and community leaders	Community; Training								
Ensure that advanced counseling materials for Youth Counseling, Supervision Counseling, Couple Counseling and Child Counseling are all updated with gender information and approaches to counseling	Community; Training								
2.3 Engage community /faith based groups									**Remarks**
Support organization and build capacity of NZP+ groups through training to promote positive prevention, adherence, and demand creation	Community								
Train youth group representatives to build capacity to develop and implement youth targeted HIV/AIDS activities	Community								
Provide capacity building training on management, coordination, and governance for representatives of key CBOs/FBOs	Community								

Provide capacity building training for representatives of key CBOs/FBOs to enable them plan, develop and implement prevention activities targeting HIV negative people	Community								
Provide CPOs to selected CBOs/FBOs to enable them carry out IEC activities to raise awareness and stimulate demand for HIV/AIDS services	Community								
Provide sub-grants to CBOs/FBOs to enable them coordinate community based HIV/AIDS services	Community								
Provide sub-grants to community groups to enable them to plan, develop and implement prevention activities targeting HIV negative people	Community								
Provide technical advice and guidance on grant compliance with CBOs and FBOs	Community								
Improve capacity of community leaders and volunteers to promote family planning and reproductive health by providing job aids	Community								
Improve capacity of community leaders to support prevention, care and treatment services by providing job aids	Community								
Train opinion leaders in advocacy skills to enable them to advocate for change in their communities	Community								
Conduct sensitization meetings with opinion leaders to advocate change in male norms on sexual and reproductive health	Community								
Participate in the national strategy for community volunteers	Community, Technical								
Monitor performance of the community volunteers	Community								
Collect and report on community mobilization and referral network data	Community								
Stimulate demand in communities for HIV/AIDS services	Community								
Objective 3: Increase the capacity of the PMOs and DMOs to perform technical and program management functions									**Remarks**
3.1 Increase the capacity of PMOs and DMOs to integrate the delivery of HIV/AIDS services with malaria programming as well as reproductive, maternal, newborn and child health services									
Collaborate with the MoH to integrate HIV services with FP/RH and malaria	Technical								
Work with provincial and district health officials to continue to identify and implement new opportunities for integration	Technical								

Training for technical staff to support facilities in the delivery of integrated services and training for managers to increase their capacity to provide supportive supervision on service integration to their own staff and facilities	Technical								
PMOs and DMOs will be supported to expand service integration to facilities not supported by ZPCT II using the UNICEF model	Technical								
3.2 Increase the capacity to integrate gender considerations in HIV/AIDS service delivery to improve program quality and achieve inclusiveness									**Remarks**
Launch the ZPCT II Gender Integration Strategy with GRZ, USAID and other partners/stakeholders	Program/SI								The launch will happen after inputs in the strategy from the MoH and stakeholders
Promote male involvement in PMTCT, HIV/AIDS prevention, and male circumcision	Community, CT/PMTCT								
Determine the need for a national gender strategy for the prevention, care and treatment of HIV/AIDS and if ZPCT II will take the lead	Program/SI								Proposed gender strategy to be endorsed by MoH and USAID
Initiate and design the national HIV/AIDS gender strategy (based on MoH expressed need)	Program/SI								Dependent on MoH inputs and leadership
Adapt the Rapid Results package for ZPCT II gender implementation	Program/SI								Dependent on MoH buy-in for this activity to be rolled out
Recruit both men and women as lay volunteers	Community								
3.3 Increase the problem solving capabilities to PMOs, DMOs and health facility managers to address critical HIV/AIDS program and service delivery needs									**Remarks**
Implementing the M&E system that monitors performance in achieving rapid scale-up of services	Capacity Building								
Build MoH capacity at all levels to collect, compile, interpret and report data, as well as to expand its use as a tool for improving HIV/AIDS service delivery	SI Unit								
ZPCT II and DMOs jointly hold quarterly meetings with health facility staff to discuss the previous quarter's activities and share data	SI Unit								
Hold annual province-wide meetings to review project performance	SI Unit								
Hold quarterly provincial level data review meetings to review district data	SI Unit								
Train DHIOs to interpret and use QA/QI information in M&E	SI Unit								

Place data entry clerks at the district level to support implementation of the QA/QI system (as need is identified)	SI Unit								
3.4 Develop and implement strategies to prepare governmental entities in assuming complete programmatic responsibilities									**Remarks**
Capacity Building Team collects and reviews existing MOH tools and policies	Capacity Building Team								Dependant upon MoH permanent secretary granting authority to access MoH tools and policies
Consultation meetings with MOH and relevant implementing partners to coordinate the selection of assessment and capacity building tools and develop capacity building plans/trainings	Capacity Building Team								Dependent upon MoH's programming and advice on the suitable dates
Conduct indicator generating workshop with representatives from Copperbelt, Luapula, North Western, Northern & Central Provinces	Capacity Building Team								Dependent upon MoH's programming and advice on the suitable dates
Finalize the Organizational Capacity tool and scoring methodology to be implemented by ZPCT II	Capacity Building Team								Dependent upon holding the national level capacity building workshop and T/A
Assess management capacity needs for Copperbelt PMO and DMOs	Capacity Building Team								Dependent upon MoH programming
Finalize and present assessment findings from the Copperbelt province	Capacity Building Team								
Continue to work with MOH on identification of priority standardized trainings; development of job aids, checklists and other tools to reinforce training curricula; and preparation of training roll-outs.	Capacity Building Team								Dependent upon MoH programming and provision of information on standardized training curricula
Capacity Building Team collects and reviews existing MOH tools and policies	Capacity Building Team								
Objective 4: Build and manage public-private partnerships to expand and strengthen HIV/AIDS service delivery, emphasizing prevention, in private sector health facilities									**Remarks**
Provide ongoing technical support for HIV services at the public-private facilities	Technical, Program Management, Capacity Building								Dependent on private site owners agreeing to modalities of T/A provision by ZPCT II
Identify additional private facilities to provide technical support and linkage to referral networks	Technical, Program Management, Capacity Building								Dependent on assessment and availability of private sector sites willing to partner with ZPCT II
Develop a letter of collaboration with CHAMP and the COMET project to coordinate the work with the larger private sector larger companies	Technical, Program Management, Capacity Building								
Coordinate support from First Quantum Mine to the Solwezi District Hospital and other rural health	Technical, Program Management, Capacity								

facilities in the district	Building								
Support the COMET supported private health facilities with quality assurance visits	Technical, Program Management, Capacity Building								This will be done following agreement on modalities of sharing implementation plan and tools
COMET and ZPCT II will develop a joint scope of work for a technical visit to review the current GDA activities and to determine if further technical assistance is needed.	Technical, Program Management, Capacity Building								
Ensure that MoH quality standards are met in the GDA facilities by providing technical assistance using the ZPCT II model and implementing the approaches outlined in Objectives 1 and 2	Technical, Program Management, Capacity Building								This will be done after technical liaison between ZPCT II and private facility staff and eventual availing of various technical trainings, job aids, protocols and other relevant documents
Train staff from the supported private health facilities using the national training packages in the different technical areas; provide with on-site hands on mentorship; and provide staff with the different national protocol guidelines to facilitate provision of services in their facilities	Technical, Program Management, Capacity Building								
Objective 5: Integrate service delivery and other activities, emphasizing prevention, at the national, provincial, district, facility, and community levels through joint planning with the GRZ, other USG and non-USG partners									**Remarks**
Participate in the NAC's Treatment, Care and Support Theme Group and the DNA PCR Stakeholders Committee									
Collaboration with Faith Based organizations to leverage and extend service provision for OVC, home based care and community service delivery – e.g.: with the Catholic Diocese of Ndola and Kitwe, and Mpatamatu Home Based Care in Luanshya District to improve access to prevention and treatment services.									Dependent on Catholic Diocese of Ndola and Mpatamatu HBC wanting to continue this service collaboration
Coordinate and collaborate with the Society for Family Health (SFH), Jpheigo, Marie Stopes, University Teaching Hospital (UTH), in the implementation of MC services in MoH facilities	CC/MC, Technical, Program; Collaborating Partners.								Dependent on the stakeholder collaboration
Collaborate with UNICEF to provide support in PMTCT and pediatric ART to 53 health facilities in three districts in Luapula Province	CT/PMTCT, Luapula Provincial Office								Dependent on UNICEF continuing funding to support these activities

Collaborate with JICA to start services in some facilities in Mumbwa District	Technical, Program, Central Provincial Office								Dependent on JICA and DMO agreeing to this collaboration
Collaborate with MSF on linking service delivery in Luwingu District	Technical, Programs, Northern Provincial Office								Dependent on collaboration with MSF
Joint planning with MoH partners in the provinces to ensure that ZPCT II activities are included in district and hospital plans	Provincial Offices								
Strategic Information (Monitoring and Evaluation)									**Remarks**
Compile and submit quarterly, semi-annual and annual data reports	SI(M&E)								
Provide data for quarterly program/feedback meetings with the PMOs and DMOs	SI(M&E), Programs								
In conjunction with MoH M&E staff, conduct semi-annual data audits for sampled sites in all provinces	SI(M&E)								As part of MOH capacity building, DHO and PHO HMIS staff are asked to undertake this activity jointly with ZPCT II
Collaborate with MoH and partners to implement and support SmartCare in ART sites	SI(M&E)								
Conduct ART data reconstruction in preparation for SmartCare system installation in new ZPCT II support sites	SI(M&E)								
Deploy ART SmartCare to new support facilities providing ART services and upgrade old sites	SI(M&E)								This activity is done in collaboration with JSI who will procure all the computers and pay for networking of the computers in the ART and ART pharmacies
Collect ART SmartCare Transport Databases from all supported ART sites-monthly	SI(M&E)								
Deploy SmartCare ARV dispensing tool in the facilities providing ART services	SI(M&E)								
Facilitate the M&E training component for all technical areas, CT,PMTCT,ART, SmartCare forms,	SI(M&E)								

MC and Community									
Conduct M&E/QA/QI unit meetings for unit staff	SI(M&E)								
Conduct SmartCare forms and software training	SI(M&E)								
Conduct training for newly recruited Data Entry Clerks and MoH Records Clerks in MOH data collection tools, and conduct ongoing technical updates	SI(M&E)								This is essentially an HMIS training activity as part of capacity-building and support to MOH
Conduct SmartCare Training for HCWs for ANC/PMTCT	SI(M&E)								This activity will be conducted at provincial level to render support to PMTCT sites running SmartCare initiated by MOH as well as that which will be initiated by ZPCTII directly
Setting up of Centralized SmartCare installation at ZPCT Lusaka office and provincial offices.	SI(M&E)								
Update and maintain PCR, TRAINING and M&E Databases	SI(M&E)								
Develop and maintain Male Circumcision Database	SI(M&E)								
Develop QA\QI Database	SI(M&E, QA/QI)								
Update SmartCare reports and liaise with CDC/MoH for reports for new program areas using SmartCare	SI(M&E)								
Setup and support Client Server Network SmartCare Installations in facilities using SmartCare for 2 or more program areas on multiple SmartCare Computers.	SI(M&E) / IT								
Develop HR Training Database	SI(M&E)								
Develop Data Entry Clerk Database	SI(M&E)								
Develop data collection tools for FHI/Partner Surveys	SI(M&E)								
Develop a comprehensive Data Quality and Validation Guide	SI(M&E)								
Develop and maintain GIS Database	SI(M&E)								
Develop a web reporting application	SI(M&E)								

Strategic Information (QA/QI)									Remarks
Data collection and entry for facility QA/QI and Graduation	Technical, SI								
Recruitment of 5 provincial QA/QI officers to enhance effectiveness and implementation of QA/QI strategy in supported provinces and health facilities	SI, HR								
Engage FHI HQ for technical support and capacity building in QA/QI	SI								
Hire consultant to update QA/QI data collection software	SI (QA/QI)								
Conduct facility, DMO and PMO HCW and manager orientation/ updates on ZPCT II QA/QI system, outputs and quality improvement	SI (QA/QI)								
Hold workshop with MoH stakeholders to document lessons learned and best practices in implementation of QA/QI	SI (QA/QI)								
Provide technical support in sustainable collection, analysis, interpretation and utilization of QA/QI results at provincial, district and facility levels	SI (QA/QI)								
Recruitment of 5 provincial QA/QI officers to enhance effectiveness and implementation of QA/QI strategy in supported provinces and health facilities	SI, HR								
Engage FHI HQ for technical support and capacity building in QA/QI	SI								
Hire consultant to update QA/QI data collection software	SI (QA/QI)								
Conduct facility, DMO and PMO HCW and manager orientation/ updates on ZPCT II QA/QI system, outputs and quality improvement	SI (QA/QI)								
Hold workshop with MoH stakeholders to document lessons learned and best practices in implementation of QA/QI	SI (QA/QI)								

Provide technical support in sustainable collection, analysis, interpretation and utilization of QA/QI results at provincial, district and facility levels	SI (QA/QI)								
Provide technical support for systematic and regular use of graduation & QA/QI tools in targeted sites for graduation	SI (QA/QI)								
Quarterly support to health facilities in strengthening QA/QI committees/ focal persons and documented follow-up action on problems identified	SI (QA/QI), Technical staff								
Quarterly data collection, entry, analysis and feedback for facility QA/QI in all HIV service areas	Technical staff, SI								
Quarterly data collection, analysis and feedback for district Graduation in all HIV service areas	SI (QA/QI)								
Provide technical support in developing and implementing post-graduation plans to maintain good HIV service quality	SI (QA/QI), Technical staff, Provincial program unit								
Quarterly data collection on QA/QI for monitoring service quality in graduated districts	SI (QA/QI)								
Ensure QA/QI data is analyzed, documented and disseminated quarterly to determine progress towards standards and attaining better quality HIV services	SI (QA/QI)								
Integration of QA/QI outputs and service statistics for identifying and improving service quality	SI (QA/QI)								
Conduct annual QA/QI data audit in provincial offices and selected health facilities, document and disseminate findings for program improvement	SI (QA/QI)								
Collaborate with EMG to develop DMO, PMO capacity building strategy for QI	SI (QA/QI)								
Collaborate with CARE to develop a QA/QI strategy and system for community based interventions	SI (QA/QI), CARE								

Provide technical support to ensure ongoing facility activities to meet ART-site accreditation; and compliance monitoring of accredited ART-sites	SI (QA/QI), Technical staff								
Provide technical support and collaboration with MCZ/MOH for ART-site accreditation program	SI (QA/QI)								
Participation in MCZ ART-site accreditation assessments in supported provinces	SI (QA/QI), Technical staff								
Provide technical support and collaboration with MCZ/MOH for development of MC site Accreditation program	SI (QA/QI), ART/CC unit								
Provide technical support to MOH towards MC services through MC QA/QI & training sub-committee	SI (QA/QI), training unit								
Technical support towards use of SmartCare data and reports for regular monitoring patient level quality of care & outcomes	SI (QA/QI, data management, M&E), ART/CC unit								
Development of minimum set of HIV quality indicators for monitoring program level, facility level and patient level HIV service quality	SI (QA/QI), Technical staff								
Collaboration with MOH in finalizing and rolling out PIA package and integration with ZPCT II QA/QI approach	SI (QA/QI)								
Collaboration with MoH in developing one standardized QA/QI tool for HIV services	SI (QA/QI)								
Providing technical assistance and collaboration with technical units for establishing good quality chronic HIV care package	SI (QA/QI), Technical units								
Conduct operational research for quality improvement and program improvement (new program areas)	SI (QA/QI)								
Conduct site exchange visits with partners to share	SI (QA/QI), Technical staff								

lessons in QA/QI and best practices									
Conduct Client exit interview	SI (QA/QI, M&E), Technical staff								
Introducing and implementing QA/QI strategy in supported private sector sites	SI (QA/QI)								
Private Sector Site Orientation on QA/QI	SI (QA/QI), Technical Unit								
Initiate development of PMTCT and CT Standard Operating Procedures	SI (QA/QI), CT/PMTCT Unit								
Provide technical support and collaboration with MCZ/MOH for development of MC site Accreditation program	SI (QA/QI), ART/CC Unit								
Provide technical support to MOH towards MC services through MC QA/QI & training sub-committee	SI (QA/QI), Training Unit								
Program Management									**Remarks**
Conduct quarterly program and financial management meetings with the provincial staff	Program, Finance, Provincial offices								
Program and finance Lusaka staff to make monitoring visits to the field offices	Program, Finance								
External Audit of FHI	Finance								
Program and finance staff to participate in regional finance and leadership workshops	Program, Finance/Admin, HR staff								
Sub-partner finance capacity building workshop	Finance								
Information Technology									**Remarks**
Implement SMS technology for patient communication	IT, Technical Unit, ZPCT II Management								
Implement Mobile Internet Access	IT, Technical Unit, SI								
Support data entry clerks in the supported facilities	IT, SI								
Implement centralized Transport Scheduling and Tracking system	IT, Admin								
Provide periodic IT training for staff	IT								
Human Resources									**Remarks**
Recruitment of ZPCT II staff	HR								
Training and development activities	HR								

Annual performance assessments for all ZPCT staff	HR/All department heads								
Team building activities	HR/All department heads								

Program Monitoring									**Remarks**
Program and finance staff to attend local trainings and courses on finance, program management and leadership	Program, Finance/Admin								
Finalize standardization of performance monitoring tools to be used at the provincial level to monitor various aspects of programming (e.g. equipment function, facility refurbishment, motorbike usage)	Program								
Quarterly meetings with provincial technical teams—CT/PMTCT, CC/ART, pharmacy and laboratory, and SI/M&E—for technical updates, technical review and sharing of lessons learned and best practices	Program, Technical								
Quarterly review meetings with provincial program unit to review and monitor program implementation progress against projected targets	Program								
Quarterly field visits to provide program management and monitoring support to the provincial offices	Program								

Annex B: Short Term Technical Assistance and External Travel (June 1, 2010 – December 31, 2010)

Purpose	Number of Trips	Type (I=Int'l, R=Regional)	Tentative Dates
One person to attend the supply chain management of HIV/AIDS medicines and supplies training in South Africa (MSH)	1	R	TBA
One person to attend the External Quality Assurance (EQA) training conducted by the National Health Laboratory Service of South Africa in Johannesburg, South Africa (MSH)	1	R (Brought forward from year one work-plan)	TBA
One staff to attend the FHI Global Strategic Information workshop in Vietnam	1	I	Vietnam
One staff to attend the FHI QA/QI training workshop Venue TBD	1	R (Brought forward from year one work-plan)	TBA
Three staff to attend Care and Treatment meetings (ART and PMTCT) Venue TBD	3	R	TBA
Four staff to attend regional technical trainings (including MOH staff)	4	R	TBA
One TA visit from Arlington (Strategic Information)	1	I	TBA
Kwasi technical assistance trips (30 days) from Ghana to Zambia	2	R	TBA
One TA visit from Nepal (MSH)	1	I	TBA
One TA visit from Arlington (Laboratory) (MSH)	1	I	TBA
One IT and one procurement staff to attend regional inventory Pastel training.	2	R	August 2010
One TA visit from Arlington	1	I	TBA

(Pharmacy) (MSH)			
One TA visit from Cambridge by the project support leader (MSH)	1	I	TBA
One trip to Cambridge and Arlington for MSH representative annual project update meeting (MSH)	1	I	TBA

Purpose	Number of Trips	Type (I=Int'l, R=Regional)	Tentative Dates
Three program staff to attend the USAID regulations/training in the region	3	R (Brought forward from year one work-plan)	TBA
Three program staff to attend program and leadership meetings/trainings in the region.	3		TBA
Chief of Party and one dependant to the USA (rest and recuperation)	2	I	June 2010
Chief of Party's education travel for one dependant from the USA	1	I	June 2010
Regional Finance and Administration Advisor from Pretoria, South Africa to provide technical assistance to ZPCT II program.	3	R	TBA
Five FHI finance staff to attend USAID contracts regulations training in Pretoria, South Africa	5	R	August 2010
Six FHI staff to attend leadership training	3	R	October 2010
One FHI staff to attend training in Washington DC	1	I	TBA
Project Management and technical assistance for training workshops (Mike Reeves)	1	I	July – August 2010
Organizational capacity building technical assistance and GDA assessments (Albena Godlove Washington DC to Lusaka)	2	I	July to December, 1 trip per quarter
Gender Strategy Activities	2	I	July to October 2010
Three IT staff for Dell Certification Training	3	R	August 2010
Regional technical assistance – Johannesburg to Lusaka (CARE)	2	R	TBA

Annex C. Partners, Roles and Responsibilities and Reporting Structures

Partner	Roles and Responsibilities	Reporting Structure
FHI – Prime	Provide overall program, technical and financial leadership be responsible for all program indicators and M&E system; liaise with USAID as agreed with the Contracting Officer's Technical Representative, manage relationships with the MoH, NAC, private and all project partners; coordinate with other USG partners to ensure uniformity of activities across the country; and provide oversight and guidance to all partners in the consortium. FHI is the lead implementer with the MoH in scaling up HIV/AIDS services in the five provinces. The FHI team will be co-located with the rest of the ZPCT II partners to ensure coordination, ease of management and smooth implementation. FHI will also host a review of the program with the MoH, NAC, USAID and partners to ensure program results are in line with MoH and NAC goals.	FHI headquarters (HQ) will provide financial, contractual and technical oversight. The HQ team also will manage contractual negotiations for the international partners. The Chief of Party (COP) and Deputy COP will manage USAID, USG, MoH, international and direct local partner relationships.
International Partners		
Management Sciences for Health (MSH)	MSH, under the direction of the FHI Technical Director, will continue providing laboratory and pharmacy support in as specified in the current work plan objectives.	The MSH lead is Gail Bryan, Senior Advisor/Pharmaceutical Management. She is repots to the FHI Technical Director for all pharmacy and laboratory activities. In addition, she represents MSH at budget and contractual negotiations in Zambia.
CARE	Under the direction of the FHI Director of Programs, CARE leads activities to mobilize communities to access HIV/AIDS services, as well as enhance existing referral networks and develop new ones to achieve full coverage. CARE also manages ASWs and lay counselors. CARE will further start managing grants under a contract in the current work plan by working with CBOs and FBOs to build capacity to	CARE's Assistant Country Director - Regional Operations, Kathleen O'Brien, will coordinate with the COP on program, contract, staff and budget issues. The CARE team, led by the ZPCT II Community Program Manager, reports to the Director of Programs.

	coordinate volunteers and deliver community-level services.	
Emerging Markets Group (EMG)	The EMG team works with the COP, the Finance and Program Directors, and the Provincial Managers to increase the capacity of PHOs and DHOs to manage ZPCT II program activities.	EMG's local employees report to the FHI Director of Programs. All financial reporting, contractual and budget issues are coordinated by the COP and FHI/HQ team.
Social Impact (SI)	The SI will continue providing STTA from their HQ, working with the MoH and other partners in Zambia to finalize the gender strategy to be implemented by partners at all levels of the program.	SI will coordinate trips and activities with the COP and Deputy COP.
The Salvation Army World Service Office (SAWSO)	SAWSO will provide STTA to their local TSA affiliate to continue building their capacity in community mobilization and prevention activities.	The COP will manage SAWSO in collaboration with the Program Director and the CARE team.
International Partners		
Churches Health Association of Zambia (CHAZ)	CHAZ will continue working with ZPCT II through mutually identified church-run facilities in providing strategic services to enhance MoH service delivery goals.	CHAZ is managed by the Director of Programs with technical oversight by the technical team.
Kara Counseling and Training Trust (KCTT)	KCTT will continue to train CT supervisors under ZPCT II through contracts with FHI.	The program team will manage KCTT in consultation with the technical team.
Network of Zambian People Living with HIV / AIDS (NZP+)	In the current work plan period, NZP+ will work as part of the CARE local consortium to increase demand for services, mobilize communities and, where appropriate, identity candidates as ASW volunteers. As their capacity increases, they will take on the training program for ASWs.	CARE will manage this partner.
The Salvation Army Zambia (TSA/Zambia)	The local branch of TSA will work as part of the CARE local consortium to increase demand for services and mobilize communities.	CARE will manage this partner.
Other CBOs/ FBOs	CARE will identify CBOs/FBOs to receive sub-grants to mobilize communities, participate in the referral networks and, where appropriate, provide purchase orders to local groups.	CARE will manage these partners.
University Teaching Hospital (UTH)	The UTH Male Circumcision unit will assist ZPCT II to scale up MC in facilities in the five provinces.	UTH will be managed by the Technical Director.
Comprehensive HIV / AIDS Management Program (CHAMP)	FHI will provide technical assistance to the CHAMP GDA program's HIV/AIDS clinical services.	CHAMP will be managed by the technical unit with COP support.

Annex D: List of Recipient Agreements/Subcontracts/MOUs

June 1 – December 31, 2010

Province	Institution/Organisation	Type of Agreement
Government of the Republic of Zambia (GRZ)		
Lusaka	Ministry of Health	MOU
Central	Provincial Medical Office – Central	MOU
Copperbelt	Provincial Medical Office – Copperbelt	MOU
Luapula	Provincial Medical Office – Luapula	MOU
Northern	Provincial Medical Office – Northern	MOU
North Western	Provincial Medical Office – North Western	MOU
Provincial Medical Offices		
Central	Provincial Medical Office – Central	Recipient Agreement
Copperbelt	Provincial Medical Office – Copperbelt	Recipient Agreement
Luapula	Provincial Medical Office – Luapula	Recipient Agreement
Northern	Provincial Medical Office – Northern	Recipient Agreement
North Western	Provincial Medical Office – North Western	Recipient Agreement
District Health Offices		
Central	Chibombo DMO	Recipient Agreement
	Kabwe DMO	Recipient Agreement
	Kapiri Mposhi DMO	Recipient Agreement
	Mkushi DMO	Recipient Agreement
	Serenje DMO	Recipient Agreement
Copperbelt	Chililabombwe DMO	Recipient Agreement
	Chingola DMO	Recipient Agreement
	Kalulushi DMO	Recipient Agreement
	Kitwe DMO	Recipient Agreement
	Luanshya DMO	Recipient Agreement
	Lufwanyama DMO	Recipient Agreement
	Masaiti DMO	Recipient Agreement
	Mpongwe DMO	Recipient Agreement
	Mufulira DMO	Recipient Agreement
	Ndola DMO	Recipient Agreement
Luapula	Chienge DMO	Recipient Agreement
	Kawambwa DMO	Recipient Agreement
	Mansa DMO	Recipient Agreement
	Milenge DMO	Recipient Agreement
	Mwense DMO	Recipient Agreement
	Nchelenge DMO	Recipient Agreement
	Samfya DMO	Recipient Agreement
Northern	Chinsali DMO	Recipient Agreement
	Isoka DMO	Recipient Agreement
	Kasama DMO	Recipient Agreement
	Kaputa DMO	Recipient Agreement
	Luwingu DMO	Recipient Agreement
	Mbala DMO	Recipient Agreement
	Mpika DMO	Recipient Agreement
	Mpulungu DMO	Recipient Agreement
	Mporokoso DMO	Recipient Agreement
	Nakonde DMO	Recipient Agreement

Province	Institution/Organisation	Type of Agreement
	Mungwi DMO *	Recipient Agreement
North Western	Chavuma DMO	Recipient Agreement
	Kabompo DMO	Recipient Agreement
	Kasempa DMO	Recipient Agreement
	Mufumbwe DMO	Recipient Agreement
	Mwinilunga DMO	Recipient Agreement
	Solwezi DMO	Recipient Agreement
	Zambezi DMO	Recipient Agreement
Hospitals		
Central	Kabwe General	Recipient Agreement
Copperbelt	Nchanga North	Recipient Agreement
	Kitwe Central Hospital	Recipient Agreement
	Roan General Hospital	Recipient Agreement
	Ronald Ross	Recipient Agreement
	Arthur Davison Hospital	Recipient Agreement
	Ndola Central Hospital	Recipient Agreement
Luapula	Mansa General Hospital	Recipient Agreement
Northern	Kasama General Hospital	Recipient Agreement
	Mbala General Hospital	Recipient Agreement
North Western	Solwezi General Hospital	Recipient Agreement
Partners		
Lusaka	Management Sciences for Health	Subcontract
	CARE International	Subcontract
	Emerging Markets Group	Task Order
	Salvation Army	Task Order
	Social Impact	Task Order
	Churches Health Association of Zambia	Subcontract
	Kara Counseling and Training Trust	Subcontract
Ndola	Ndola Catholic Diocese	MOU
Luanshya	Mpatamatu HBC	MOU

* **New District Medical Offices**

Annex E: List of ZPCT II Supported Facilities, Sites and Services

Central Province

District	Health Facility	Type of Facility (Urban/ Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
Kabwe	1. Kabwe GH	Urban	◆[2]	◆	◆	◆	◆[3]		
	2. Mahatma Gandhi HC	Urban	◆[1]	◆	◆	◆	◆[3]		
	3. Kabwe Mine Hospital	Urban	◆[2]	◆	◆	◆	◆	◆	⦿[1]
	4. Bwacha HC	Urban		◆	◆	◆		◆	
	5. Makululu HC	Urban	◆[1]	◆	◆	◆	◆	◆	
	6. Pollen HC	Urban	◆[1]	◆	◆	◆		◆	
	7. Kasanda UHC	Urban	◆[1]	◆	◆	◆	◆	◆	
	8. Chowa HC	Urban		◆	◆	◆		◆	
	9. Railway Surgery HC	Urban		◆	◆	◆		◆	
	10. Katondo HC	Urban	◆[1]	◆	◆	◆		◆	
	11. Ngungu HC	Urban	◆[1]	◆	◆	◆	◆	◆	
	12. Natuseko HC	Urban	◆[1]	◆	◆	◆		◆	
	13. Mukobeko Township HC	Urban		◆	◆	◆		◆	
	14. Kawama HC	Urban		◆	◆	◆		◆	
	15. Kasavasa HC	Rural		◆	◆	◆		◆	
Mkushi	16. Mkushi DH	Urban	◆[2]	◆	◆	◆	◆[3]		⦿[1]
	17. Chibefwe HC	Rural		◆	◆	◆		◆	
	18. Chalata HC	Rural	◆[1]	◆	◆	◆		◆	
	19. Masansa HC	Rural	◆[1]	◆	◆	◆	◆	◆	
	20. Nshinso HC	Rural		◆	◆	◆		◆	
	21. Chikupili HC	Rural		◆	◆	◆		◆	
Serenje	22. Serenje DH	Urban	◆[2]	◆	◆	◆	◆[3]		⦿[1]
	23. Chitambo Hospital	Rural	◆[2]	◆	◆	◆	◆	◆	⦿[1]
	24. Chibale RHC	Rural		◆	◆	◆		◆	

District	Health Facility	Type of Facility (Urban/ Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
	25. Muchinka RHC	Rural		◆	◆	◆		◆	
	26. Kabundi RHC	Rural		◆	◆	◆		◆	
	27. Chalilo RHC	Rural		◆	◆	◆			
	28. Mpelembe RHC	Rural	◆[1]	◆	◆	◆			
	29. Mulilima RHC	Rural		◆	◆	◆			
Chibombo	30. Liteta DH	Rural	◆[2]	◆	◆	◆	◆[3]		⦿[1]
	31. Chikobo RHC	Rural		◆	◆	◆		◆	
	32. Mwachisompola Demo Zone	Rural	◆[1]	◆	◆	◆	◆	◆	
	33. Chibombo RHC	Rural		◆	◆	◆		◆	
	34. Chisamba RHC	Rural	◆[1]	◆	◆	◆	◆	◆	
	35. Mungule RHC	Rural		◆	◆	◆		◆	
	36. Muswishi RHC	Rural		◆	◆	◆		◆	
	37. Chitanda RHC	Rural		◆	◆	◆		◆	
	38. Malambanyama RHC	Rural							
	39. Chipeso RHC	Rural							
	40. Kayosha RHC	Rural							
	41. Mulungushi Agro RHC	Rural							
Kapiri Mposhi	42. Kapiri Mposhi DH	Urban	◆[2]	◆	◆	◆	◆		
	43. Mukonchi RHC	Rural	◆[2]	◆	◆	◆	◆		⦿
	44. Chibwe RHC	Rural		◆	◆	◆			
	45. Lusemfwa RHC	Rural		◆	◆	◆			
	46. Kampumba RHC	Rural	◆[1]	◆	◆	◆			
	47. Mulungushi RHC	Rural		◆	◆	◆			
	48. Chawama UHC	Rural		◆	◆	◆			
	49. Kawama HC	Urban		◆	◆	◆			
	50. Tazara UHC	Rural		◆	◆	◆			
	51. Ndeke UHC	Rural		◆	◆	◆			
	52. Nkole RHC	Rural	◆[1]	◆	◆	◆			
	53. Chankomo RHC	Rural		◆	◆	◆			

District	Health Facility	Type of Facility (Urban/ Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
	54. Luanshimba RHC	Rural		◆	◆	◆			
	55. Mulungushi University HC	Rural		◆	◆	◆			
	56. Chipepo RHC	Rural		◆	◆	◆			
	57. Waya RHC	Rural	◆[1]	◆	◆	◆			
	58. Chilumba RHC	Rural		◆	◆	◆			
Totals			**23**	**54**	**54**	**54**	**15**	**29**	**6**

ART – Antiretroviral Therapy; CC – Clinical Care; CT – Counseling and Testing; PMTCT – Prevention of Mother to Child Transmission

◆ **ZPCT II existing services (18 urban & 36 rural facilities)**	**1 = ART Outreach Site (15)**
⦿ **MC sites**	**2 = ART Static Site (8)**
⦿[1] **MC services initiated**	**3 = Referral laboratory for CD4**

Note: ***The grey shaded facilities are proposed new sites for ZPCT II in year two. ZPCT II will either be initiating or strengthening HIV/AIDS in the new facilities***

Copperbelt Province

District	Health Facility	Type of Facility (Urban/ Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
Ndola	1. Ndola Central Hospital	Urban	◆[2]	◆	◆	◆	◆[3]		
	2. Arthur Davison Hospital	Urban	◆[2]		◆	◆	◆[3]		
	3. Lubuto HC	Urban	◆[1]	◆	◆	◆	◆	◆	
	4. Mahatma Gandhi HC	Urban	◆[1]	◆	◆	◆	◆	◆	
	5. Chipokota Mayamba HC	Urban	◆[1]	◆	◆	◆	◆	◆	
	6. Mushili Clinic	Urban		◆	◆	◆		◆	
	7. Nkwazi Clinic	Urban		◆	◆	◆		◆	
	8. Kawama HC	Urban		◆	◆	◆		◆	
	9. Ndeke HC	Urban		◆	◆	◆		◆	
	10. Dola Hill UC	Urban		◆	◆	◆		◆	
	11. Kabushi Clinic	Urban		◆	◆	◆		◆	
	12. Kansenshi Prison Clinic	Urban	◆[1]	◆	◆	◆		◆	
	13. Kaloko Clinic	Urban		◆	◆	◆		◆	
	14. Kaniki Clinic	Urban	◆[1]	◆	◆	◆		◆	
	15. Kavu Clinic	Urban	◆[1]	◆	◆	◆	◆	◆	
	16. New Masala Clinic	Urban	◆[1]	◆	◆	◆		◆	
	17. Pamodzi-Sathiya Sai Clinic	Urban		◆	◆	◆		◆	
	18. Railway Surgery Clinic	Urban		◆	◆	◆		◆	
	19. Twapia Clinic	Urban	◆[1]	◆	◆	◆		◆	
Chingola	20. Nchanga N. GH	Urban	◆[2]	◆	◆	◆	◆[3]		
	21. Chiwempala HC	Urban	◆[1]	◆	◆	◆	◆[3]		
	22. Kabundi East Clinic	Urban	◆[1]	◆	◆	◆	◆	◆	
	23. Chawama HC	Urban	◆[2]	◆	◆	◆	◆	◆	
	24. Clinic 1 HC	Urban	◆[1]	◆	◆	◆	◆		
	25. Muchinshi Clinic	Rural	◆[1]	◆	◆	◆		◆	
	26. Kasompe Clinic	Urban		◆	◆	◆			
	27. Mutenda HC	Rural		◆	◆	◆			

District	Health Facility	Type of Facility (Urban/ Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
Kitwe	28. Kitwe Central Hospital	Urban	◆[2]	◆	◆	◆	◆[3]		
	29. Ndeke HC	Urban	◆[1]	◆	◆	◆	◆[3]		
	30. Chimwemwe Clinic	Urban	◆[1]	◆	◆	◆	◆[3]		
	31. Buchi HC	Urban	◆[1]	◆	◆	◆	◆	◆	
	32. Luangwa HC	Urban	◆[1]	◆	◆	◆	◆	◆	
	33. Ipusukilo HC	Urban	◆[1]	◆	◆	◆		◆	
	34. Bulangililo Clinic	Urban	◆[1]	◆	◆	◆	◆	◆	
	35. Twatasha Clinic	Urban		◆	◆	◆		◆	
	36. Garnatone Clinic	Urban			◆	◆		◆	
	37. Itimpi Clinic	Urban		◆	◆	◆		◆	
	38. Kamitondo Clinic	Urban		◆	◆	◆		◆	
	39. Kawama Clinic	Urban	◆[1]	◆	◆	◆	◆	◆	
	40. Kwacha Clinic	Urban		◆	◆	◆		◆	
	41. Mindolo 1 Clinic	Urban	◆[2]	◆	◆	◆		◆	
	42. Mulenga Clinic	Urban	◆[1]	◆	◆	◆		◆	
	43. Mwaiseni Clinic	Urban		◆	◆	◆		◆	
	44. Wusakile GRZ Clinic	Urban		◆	◆	◆			
	45. ZAMTAN Clinic	Urban	◆[1]	◆	◆	◆	◆	◆	
	46. Chavuma Clinic	Urban	◆[1]	◆	◆	◆		◆	
	47. Kamfinsa Prison Clinic	Urban	◆[2]	◆	◆	◆		◆	
	48. Mwekera Clinic	Urban		◆	◆	◆		◆	
	49. ZNS Clinic	Urban	◆[1]	◆	◆	◆			
	50. Riverside Clinic	Urban							
Luanshya	51. Thompson DH	Urban	◆[2]	◆	◆	◆	◆[3]		
	52. Roan GH	Urban	◆[2]	◆	◆	◆	◆	◆	
	53. Mikomfwa HC	Urban		◆	◆	◆		◆	
	54. Mpatamatu Sec 26 UC	Urban	◆[1]	◆	◆	◆	◆	◆	
Mufulira	55. Kamuchanga DH	Urban	◆[2]	◆	◆	◆	◆[3]		
	56. Ronald Ross GH	Urban	◆[2]	◆	◆	◆	◆[3]		
	57. Clinic 3 Mine Clinic	Urban		◆	◆	◆		◆	

District	Health Facility	Type of Facility (Urban/ Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
	58. Kansunswa HC	Rural		◆	◆	◆		◆	
	59. Clinic 5 Clinic	Urban		◆	◆	◆		◆	
	60. Mokambo Clinic	Rural		◆	◆	◆		◆	
	61. Suburb Clinic	Urban		◆	◆	◆			
Kalulushi	62. Kalulushi GRZ Clinic	Urban	◆[2]	◆	◆	◆	◆[3]		
	63. Chambishi HC	Urban	◆[1]	◆	◆	◆	◆	◆	
	64. Chibuluma Clinic	Urban	◆[1]	◆	◆	◆			
Chililabombwe	65. Kakoso District HC	Urban	◆[2]	◆	◆	◆	◆[3]		
	66. Lubengele UC	Urban	◆[1]	◆	◆	◆	◆	◆	
Lufwanyama	67. Mushingashi RHC	Rural		◆	◆	◆		◆	
	68. Lumpuma RHC	Rural	◆[1]	◆	◆	◆		◆	
	69. Shimukunami RHC	Rural	◆[1]	◆	◆	◆	◆	◆	
Mpongwe	70. Kayenda RHC	Rural		◆	◆	◆			
	71. Mikata RHC	Rural		◆	◆	◆			
	72. Ipumba RHC	Rural		◆	◆	◆			
Masaiti	73. Kashitu RHC	Rural		◆	◆	◆			
	74. Jelemani RHC	Rural		◆	◆	◆			
	75. Masaiti Boma RHC	Rural		◆	◆	◆			
Totals			**42**	**72**	**74**	**74**	**29**	**49**	

ART – Antiretroviral Therapy; CC – Clinical Care; CT – Counseling and Testing; PMTCT – Prevention of Mother to Child Transmission

◆ **ZPCT II existing services (61 urban & 13 rural facilities)**	**1 = ART Outreach Site (29)**
⦿ **MC sites**	**2 = ART Static Site (13)**
⦿[1] **MC services initiated**	**3 = Referral laboratory for CD4**

Note: ***The grey shaded facilities are proposed new sites for ZPCT II in year two.***
ZPCT II will either be initiating or strengthening HIV/AIDS in the new facilities

Luapula Province

District	Health Facility	Type of Facility (Urban/ Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
Chienge	1. Puta RHC	Rural	◆[2]	◆	◆	◆	◆[3]	◆	
	2. Kabole RHC	Rural	◆[2]	◆	◆	◆		◆	
	3. Chipungu RHC	Rural		◆	◆	◆			
Kawambwa	4. Kawambwa DH	Rural	◆[2]	◆	◆	◆	◆[3]		⦿[1]
	5. Mbereshi Hospital	Rural	◆[2]	◆	◆	◆	◆[3]		⦿[1]
	6. Kawambwa HC	Rural		◆	◆	◆		◆	
	7. Mushota RHC	Rural		◆	◆	◆		◆	
	8. Munkanta RHC	Rural	◆[1]	◆	◆	◆			
	9. Kawambwa Tea Co Clinic	Urban							
	10. Kazembe RHC	Rural							
Mansa	11. Mansa GH	Urban	◆[2]	◆	◆	◆	◆[3]		
	12. Senama HC	Urban	◆[1]	◆	◆	◆	◆[3]		
	13. Central Clinic	Urban	◆[2]	◆	◆	◆	◆	◆	
	14. Matanda RHC	Rural		◆	◆	◆		◆	
	15. Chembe RHC	Rural	◆[2]	◆	◆	◆	◆	◆	
	16. Buntungwa RHC	Urban		◆	◆	◆		◆	
	17. Chipete RHC	Rural		◆	◆	◆			
	18. Chisembe RHC	Rural		◆	◆	◆			
	19. Chisunka RHC	Rural		◆	◆	◆			
	20. Fimpulu RHC	Rural		◆	◆	◆			
	21. Kabunda RHC	Rural		◆	◆	◆		◆	
	22. Kalaba RHC	Rural		◆	◆	◆		◆	
	23. Kalyongo RHC	Rural		◆	◆	◆			
	24. Kasoma Lwela RHC	Rural		◆	◆	◆		◆	
	25. Katangwe RHC	Rural		◆	◆	◆		◆	
	26. Kunda Mfumu RHC	Rural		◆	◆	◆			
	27. Luamfumu RHC	Rural		◆	◆	◆		◆	
	28. Mabumba RHC	Rural		◆	◆	◆		◆	

District	Health Facility	Type of Facility (Urban/ Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
	29. Mano RHC	Rural		◆	◆	◆		◆	
	30. Mantumbusa RHC	Rural		◆	◆	◆		◆	
	31. Mibenge RHC	Rural		◆	◆	◆		◆	
	32. Moloshi RHC	Rural		◆	◆	◆		◆	
	33. Mutiti RHC	Rural		◆	◆	◆			
	34. Muwang'uni RHC	Rural		◆	◆	◆		◆	
	35. Ndoba RHC	Rural		◆	◆	◆		◆	
	36. Nsonga RHC	Rural		◆	◆	◆		◆	
	37. Paul Mambilima RHC	Rural		◆	◆	◆			
Milenge	38. Mulumbi RHC	Rural		◆	◆	◆			
	39. Milenge East 7 RHC	Rural		◆	◆	◆			
	40. Kapalala RHC	Rural		◆	◆	◆			
Mwense	41. Mambilima HC (CHAZ)	Rural	◆[1]	◆	◆	◆	◆[3]	◆	
	42. Mwense Stage II HC	Rural	◆[1]	◆	◆	◆	◆[3]		
	43. Chibondo RHC	Rural			◆	◆		◆	
	44. Chipili RHC	Rural		◆	◆	◆		◆	
	45. Chisheta RHC	Rural		◆	◆	◆		◆	
	46. Kalundu RHC	Rural			◆	◆		◆	
	47. Kaoma Makasa RHC	Rural		◆	◆	◆		◆	
	48. Kapamba RHC	Rural		◆	◆	◆		◆	
	49. Kashiba RHC	Rural		◆	◆	◆		◆	
	50. Katuta Kampemba RHC	Rural		◆	◆	◆		◆	
	51. Kawama RHC	Rural		◆	◆	◆		◆	
	52. Lubunda RHC	Rural		◆	◆	◆		◆	
	53. Lukwesa RHC	Rural		◆	◆	◆		◆	
	54. Luminu RHC	Rural			◆	◆			
	55. Lupososhi RHC	Rural			◆	◆			
	56. Mubende RHC	Rural		◆	◆	◆			
	57. Mukonshi RHC	Rural		◆	◆	◆			
	58. Mununshi RHC	Rural			◆	◆		◆	

District	Health Facility	Type of Facility (Urban/ Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
	59. Mupeta RHC	Rural			◆	◆		◆	
	60. Musangu RHC	Rural	◆[2]	◆	◆	◆		◆	
	61. Mutipula RHC	Rural			◆	◆		◆	
	62. Mwenda RHC	Rural	◆[2]	◆	◆	◆	◆	◆	
Nchelenge	63. Nchelenge RHC	Rural	◆[2]	◆	◆	◆		◆	
	64. Kashikishi RHC	Rural	◆[2]	◆	◆	◆	◆	◆	
	65. Chabilikila RHC	Rural	◆[2]	◆	◆	◆		◆	
	66. Kabuta RHC	Rural	◆[2]	◆	◆	◆		◆	
	67. Kafutuma RHC	Rural	◆[2]	◆	◆	◆		◆	
	68. Kambwali RHC	Rural	◆[2]	◆	◆	◆		◆	
	69. Kanyembo RHC	Rural	◆[2]	◆	◆	◆		◆	
	70. Chisenga RHC	Rural	◆[1]	◆	◆	◆		◆	
	71. Kilwa RHC	Rural	◆[1]	◆	◆	◆		◆	
	72. St. Paul's Hospital (CHAZ)	Rural	◆[2]	◆	◆	◆	◆[3]		
Samfya	73. Lubwe Mission Hospital (CHAZ)	Rural	◆[2]	◆	◆	◆	◆[3]		
	74. Samfya Stage 2 Clinic	Rural	◆[1]	◆	◆	◆	◆	◆	
	75. Kasanka RHC	Rural	◆[1]	◆	◆	◆			
	76. Shikamushile RHC	Rural							
	77. Kapata East 7 RHC								
	78. Kabongo RHC								
Totals			**26**	**66**	**73**	**73**	**14**	**41**	**2**

ART – Antiretroviral Therapy; CC – Clinical Care; CT – Counseling and Testing; PMTCT – Prevention of Mother to Child Transmission

◆ **ZPCT II existing services (4 urban & 69 rural facilities)**	**1 = ART Outreach Site (8)**
⦿ **MC sites**	**2 = ART Static Site (18)**
⦿[1] **MC services initiated**	**3 = Referral laboratory for CD4**

Note: ***The grey shaded facilities are proposed new sites for ZPCT II in year two. ZPCT II will either be initiating or strengthening HIV/AIDS in the new facilities***

Northern Province

District	Health Facility	Type of Facility (Urban/ Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
Kasama	1. Kasama GH	Urban	◆[2]	◆	◆	◆	◆[3]		
	2. Kasama UHC	Urban		◆	◆	◆		◆	
	3. Location UHC	Urban	◆[1]	◆	◆	◆	◆	◆	
	4. Chilubula (CHAZ)	Rural	◆[2]	◆	◆	◆	◆[3]		
	5. Lukupa RHC	Rural	◆[2]	◆	◆	◆		◆	
	6. Lukashya RHC	Rural		◆	◆	◆			
	7. Misengo RHC	Rural							
	8. Chiongo RHC	Rural		◆	◆	◆			
	9. Chisanga RHC	Rural		◆	◆	◆			
	10. Mulenga RHC	Rural		◆	◆	◆			
	11. Musa RHC	Rural		◆	◆	◆			
	12. Kasama Tazara	Rural							
Nakonde	13. Nakonde RHC	Rural	◆[2]	◆	◆	◆	◆[3]		
	14. Chilolwa RHC	Rural		◆	◆	◆		◆	
	15. Waitwika RHC	Rural		◆	◆	◆		◆	
	16. Mwenzo RHC	Rural		◆	◆	◆		◆	
	17. Ntatumbila RHC	Rural	◆[1]	◆	◆	◆			
	18. Chozi RHC	Rural		◆	◆	◆			
Mpika	19. Mpika DH	Urban	◆[2]	◆	◆	◆	◆[3]		⦿[1]
	20. Mpika HC	Urban		◆	◆	◆		◆	
	21. Mpepo RHC	Rural		◆	◆	◆			
	22. Chibansa RHC	Rural							
	23. Mpumba RHC	Rural							
	24. Mukungule RHC	Rural							
	25. Mpika TAZARA	Rural							
Chinsali	26. Chinsali DH	Urban	◆[2]	◆	◆	◆	◆[3]		⦿[1]
	27. Chinsali HC	Urban		◆	◆	◆		◆	

District	Health Facility	Type of Facility (Urban/ Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
	28. Matumbo RHC	Rural							
Mbala	29. Mbala GH	Urban	◆[2]	◆	◆	◆	◆[3]		⦿[1]
	30. Mbala UHC	Urban		◆	◆	◆		◆	
	31. Tulemane UHC	Urban	◆[1]	◆	◆	◆	◆	◆	
	32. Senga Hills RHC	Rural	◆[1]	◆	◆	◆			
	33. Chozi Mbala Tazara RHC	Rural							
Mpulungu	34. Mpulungu HC	Urban	◆[1]	◆	◆	◆	◆	◆	
Isoka	35. Isoka DH	Urban	◆[2]	◆	◆	◆	◆[3]		⦿[1]
	36. Isoka UHC	Urban		◆	◆	◆			
	37. Muyombe	Rural	◆[1]	◆	◆	◆	◆		
	38. Kalungu RHC	Rural							
Mporokoso	39. Mporokoso DH	Urban	◆[2]	◆	◆	◆	◆[3]		⦿[1]
	40. Mporokoso UHC	Urban	◆[1]	◆	◆	◆			
Luwingu	41. Luwingu DH	Urban	◆[2]	◆	◆	◆	◆		⦿[1]
	42. Namukolo Clinic	Urban		◆	◆	◆			
Kaputa	43. Kaputa RHC	Rural	◆[2]	◆	◆	◆			
	44. Nsumbu RHC	Rural		◆	◆	◆			
Mungwi	45. Chitimukulu RHC	Rural							
	46. Malole RHC	Rural							
	47. Nseluka RHC	Rural							
Totals			**18**	**35**	**35**	**35**	**13**	**11**	**6**

ART – Antiretroviral Therapy; CC – Clinical Care; CT – Counseling and Testing; PMTCT – Prevention of Mother to Child Transmission

◆ **ZPCT II existing services (17 urban & 19 rural facilities)**	**1 = ART Outreach Site (6)**
⦿ **MC sites**	**2 = ART Static Site (11)**
⦿[1] **MC services initiated**	**3 = Referral laboratory for CD4**

Note: ***The grey shaded facilities are proposed new sites for ZPCT II in year two. ZPCT II will either be initiating or strengthening HIV/AIDS in the new facilities***

North-Western Province

District	Health Facility	Type of Facility (Urban/ Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
Solwezi	1. Solwezi UHC	Urban	◆[2]	◆	◆	◆	◆[3]		
	2. Solwezi GH	Urban	◆[2]	◆	◆	◆	◆[3]		
	3. Mapunga RHC	Rural		◆	◆	◆		◆	
	4. St. Dorothy RHC	Rural	◆[1]	◆	◆	◆	◆	◆	
	5. Mutanda HC	Rural		◆	◆	◆		◆	
	6. Meheba D RHC	Rural		◆	◆	◆		◆	
	7. Mumena RHC	Rural		◆	◆	◆		◆	
	8. Kapigimpanga HC	Rural		◆	◆	◆			
	9. Kanuma RHC	Rural		◆	◆	◆			
	10. Kyafukuma RHC	Rural		◆	◆	◆			
	11. Lwamala RHC	Rural		◆	◆	◆			
Kabompo	12. Kabompo DH	Urban	◆[2]	◆	◆	◆	◆[3]		⦿[1]
	13. St. Kalemba (CHAZ)	Rural	◆[1]	◆	◆	◆	◆	◆	
	14. Mumbeji RHC	Rural		◆	◆	◆		◆	
	15. Kasamba RHC	Rural		◆	◆	◆			
Zambezi	16. Zambezi DH	Urban	◆[2]	◆	◆	◆	◆[3]		
	17. Zambezi UHC	Urban			◆	◆		◆	
	18. Mize HC	Rural		◆	◆	◆		◆	
	19. Chitokoloki (CHAZ)	Urban	◆[1]	◆	◆	◆	◆[3]		
	20. Mukandakunda RHC	Rural							
	21. Nyakulenga RHC	Rural							
	22. Chilenga RHC	Rural							
Mwinilunga	23. Mwinilunga DH	Urban	◆[2]	◆	◆	◆	◆[3]		⦿[1]
	24. Kanyihampa HC	Rural		◆	◆	◆		◆	
	25. Luwi (CHAZ)	Rural	◆[1]	◆	◆	◆	◆		
	26. Ikelenge RHC	Rural		◆	◆	◆			
	27. Lwawu RHC	Rural		◆	◆	◆			
	28. Nyangombe RHC								

District	Health Facility	Type of Facility (Urban/ Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
Mufumbwe	29. Mufumbwe DH	Rural	◆[1]	◆	◆	◆	◆[3]		
	30. Matushi RHC	Rural		◆	◆	◆			
	31. Kashima RHC	Rural		◆	◆	◆			
	32. Mufumbwe Clinic	Rural		◆	◆	◆	◆		
Chavuma	33. Chiyeke RHC	Rural	◆[1]	◆	◆	◆		◆	
	34. Chivombo RHC	Rural		◆	◆	◆	◆		
	35. Chiingi RHC	Rural		◆	◆	◆			
	36. Lukolwe RHC	Rural		◆	◆	◆			
Kasempa	37. Kasempa UC	Urban	◆[1]	◆	◆	◆	◆	◆	
	38. Nselauke RHC	Rural		◆	◆	◆			
Totals			**12**	**33**	**34**	**34**	**13**	**12**	**2**

ART – Antiretroviral Therapy; CC – Clinical Care; CT – Counseling and Testing; PMTCT – Prevention of Mother to Child Transmission

◆ **ZPCT II existing services (8 urban & 26 rural facilities)**	**1 = ART Outreach Site (7)**
⦿ **MC sites**	**2 = ART Static Site (5)**
⦿[1] **MC services initiated**	**3 = Referral laboratory for CD4**

Note: ***The grey shaded facilities are proposed new sites for ZPCT II in year two. ZPCT II will either be initiating or strengthening HIV/AIDS in the new facilities***

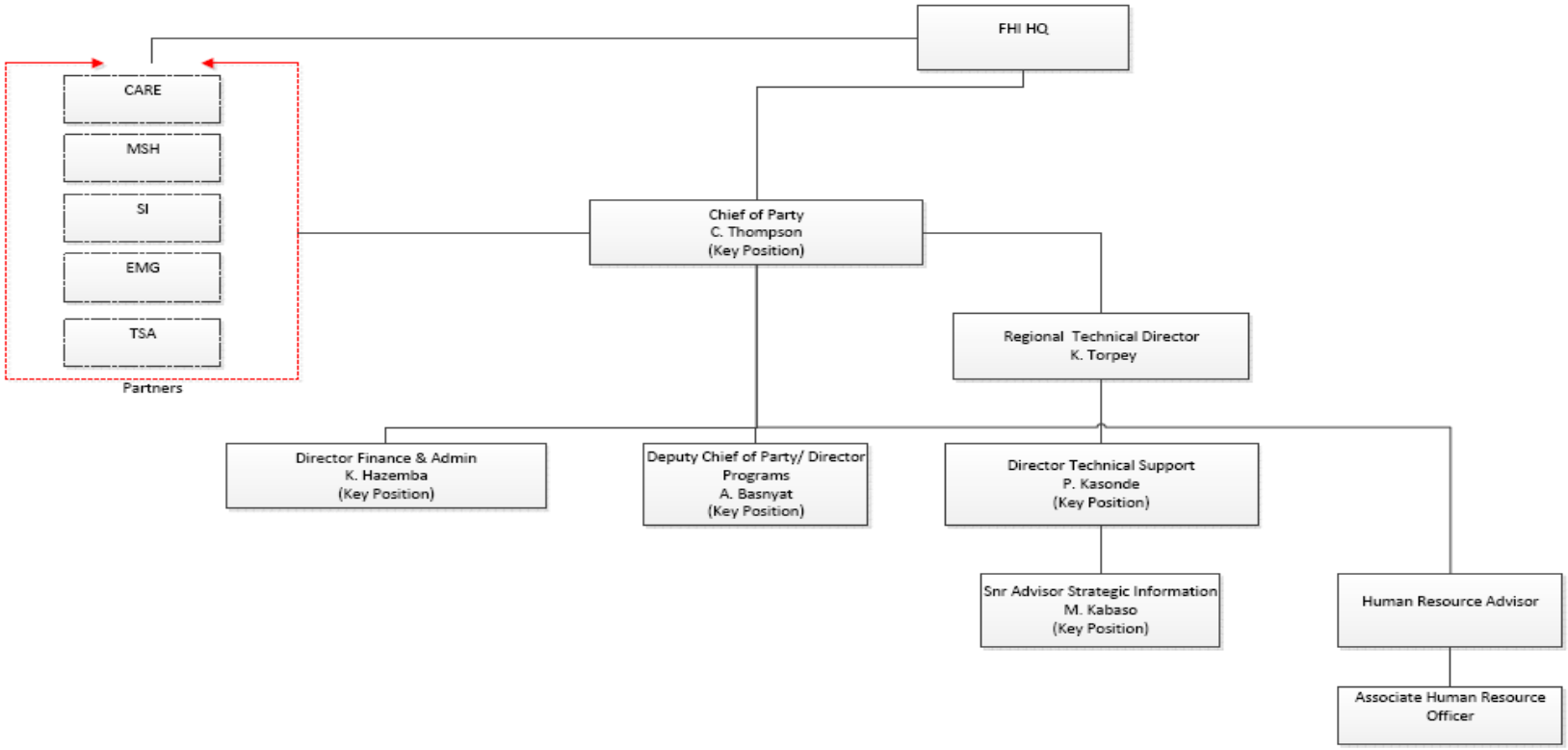
Annex F: Life of Project (LOP) and Work Plan Targets

Objective	Indicators (June 1, 2010 to December 31, 2010)	Project Targets (LOP)	Year One Targets(Aug 09 – May 10)	Year One Results (Aug 09 – May 10)	Year One Results (Jun 10 – Dec 10)
1.1 Counseling and Testing (Projections from ZPCT service statistics)					
5.	Service outlets providing CT according to national or international standards	370	271	271	296
6.	Individuals who received HIV/AIDS CT and received their test results (including TB)	728,000	118,333	399,434	84,581
28.	Individuals trained in CT according to national or international standards	2,316	520	506	301
1.2 Prevention of Mother-to-Child Transmission (Projections from ZPCT service statistics)					
29.	Service outlets providing the minimum package of PMTCT services	359	262	262	287
30.	Pregnant women who received HIV/AIDS CT for PMTCT and received their test results	572,000	94,167	131,404	66,500
31.	HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	72,000	11,214	18,861	8,183
32.	Health workers trained in the provision of PMTCT services according to national or international standards	5,325	1,150	1,108	840
1.3 Treatment Services and Basic Health Care and Support (Projections from ZPCT service statistics)					
33.	Service outlets providing HIV-related palliative care (excluding TB/HIV)	370	271	271	296
34.	Individuals provided with HIV-related palliative care (excluding TB/HIV) (adults and children)	560,000	90,000	153,816	96,412
35.	Pediatrics provided with HIV-related palliative care (excluding TB/HIV)	60,000	10,000	11,795	10,581
36.	Individuals trained to provide HIV palliative care (excluding TB/HIV)	3,120	600	572	364
37.	Service outlets providing treatment for TB to HIV+ individuals (diagnosed or presumed) in a palliative care setting	370	271	271	296
38.	HIV+ clients attending HIV care/treatment services that are receiving treatment for TB	17,000	2,667	4,220	2,009
39.	Individuals trained to provide treatment for TB to HIV+ individuals (diagnosed or presumed)	3,120	600	572	364
40.	Registered TB patients who received HIV/AIDS CT and their test results at a USG-supported TB service	30,400	4,683	4,693	3,479

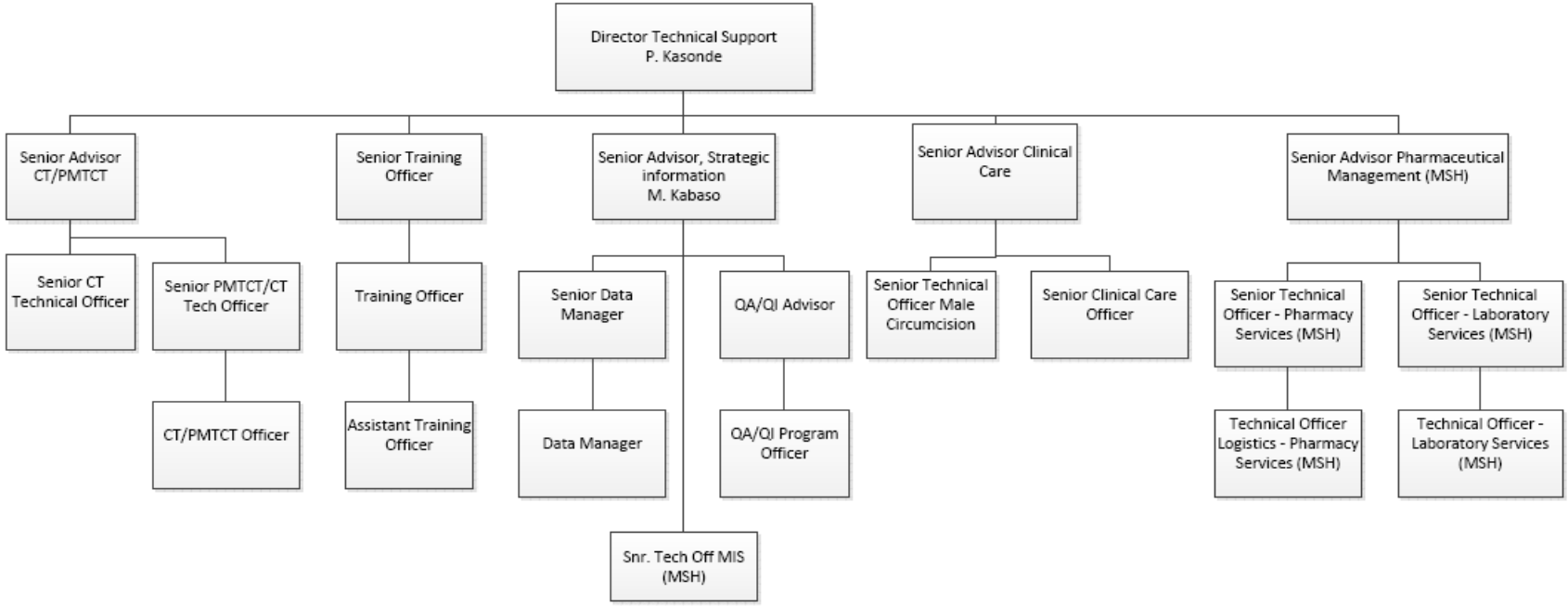
	outlet				
41.	Service outlets providing ART	130	121	116	128
42.	Individuals newly initiating on ART during the reporting period	115,250	19,167	25,107	13,489
43.	Pediatrics newly initiating on ART during the reporting period	11,250	1,667	2,024	1,379
44.	Individuals receiving ART at the end of the period	146,000	79,732	106,742	90,148
45.	Pediatrics receiving ART at the end of the period	11,700	5,726	7,606	6,664
46.	Health workers trained to deliver ART services according to national or international standards	3,120	600	572	364
1.4 Male Circumcision (ZPCT II projections)					
7.	Service outlets providing MC services	50	16	15	22
47.	Individuals trained to provide MC services	260	100	104	60
2.1 Laboratory Support (Projections from ZPCT service statistics)					
8.	Laboratories with capacity to perform: (a) HIV tests and (b) CD4 tests and/or lymphocyte tests	111	96	84	103
48.	Individuals trained in the provision of laboratory-related activities	375	80	192	42
49.	Tests performed at USG-supported laboratories during the reporting period: (a) HIV testing, (b) TB diagnostics, (c) syphilis testing, and (d) HIV/AIDS disease monitoring	3,813,000	635,500	887,036	444,850
2.2 Capacity Building for Community Volunteers (Projections from ZPCT service statistics)					
50.	Community/lay persons trained in counseling and testing according to national or international standards (excluding TB)	2,506	506	484	287
51.	Community/lay persons trained in the provision of PMTCT services according to national or international standards	1,425	285	299	161
52.	Community/lay persons trained in the provision of ART adherence counseling services according to national or international standards	600	120	287	70
3 Capacity Building for PMOs and DMOs (ZPCT II projections)					
53.	Local organizations (PMOs and DMOs) provided with technical assistance for HIV-related institutional capacity building	47	47	47	47
4 Public-Private Partnerships (ZPCT II projections)					
54.	Private health facilities providing HIV/AIDS services	30	6	6	12

Annex G. ZPCT II Organizational Charts

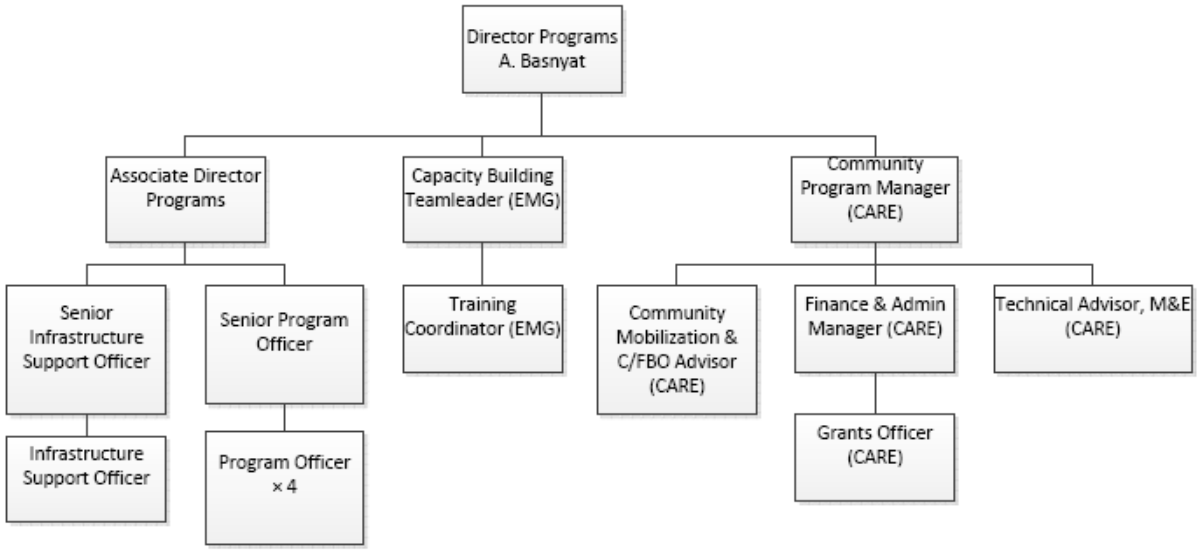
ZPCT II Organogram: Management



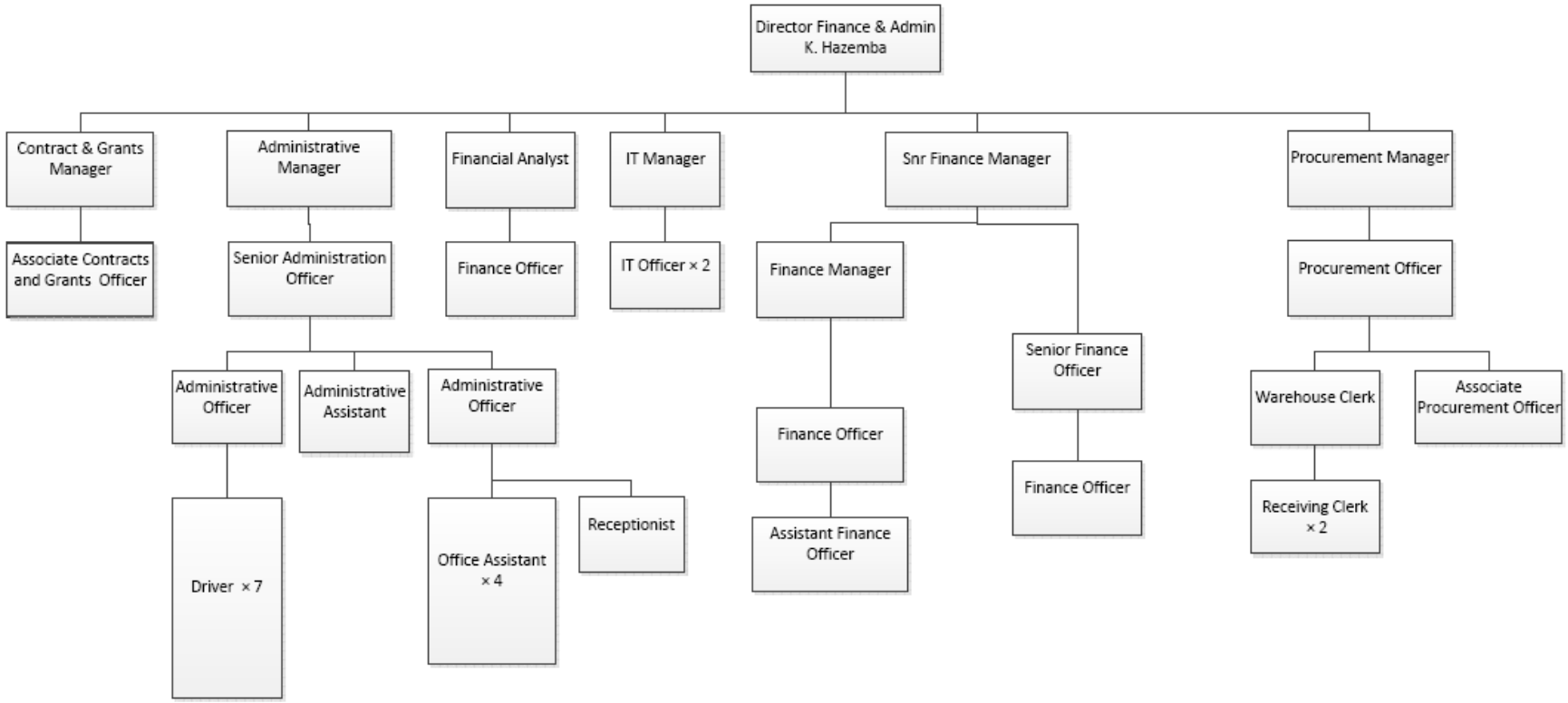
ZPCT II Organogram: Lusaka Technical



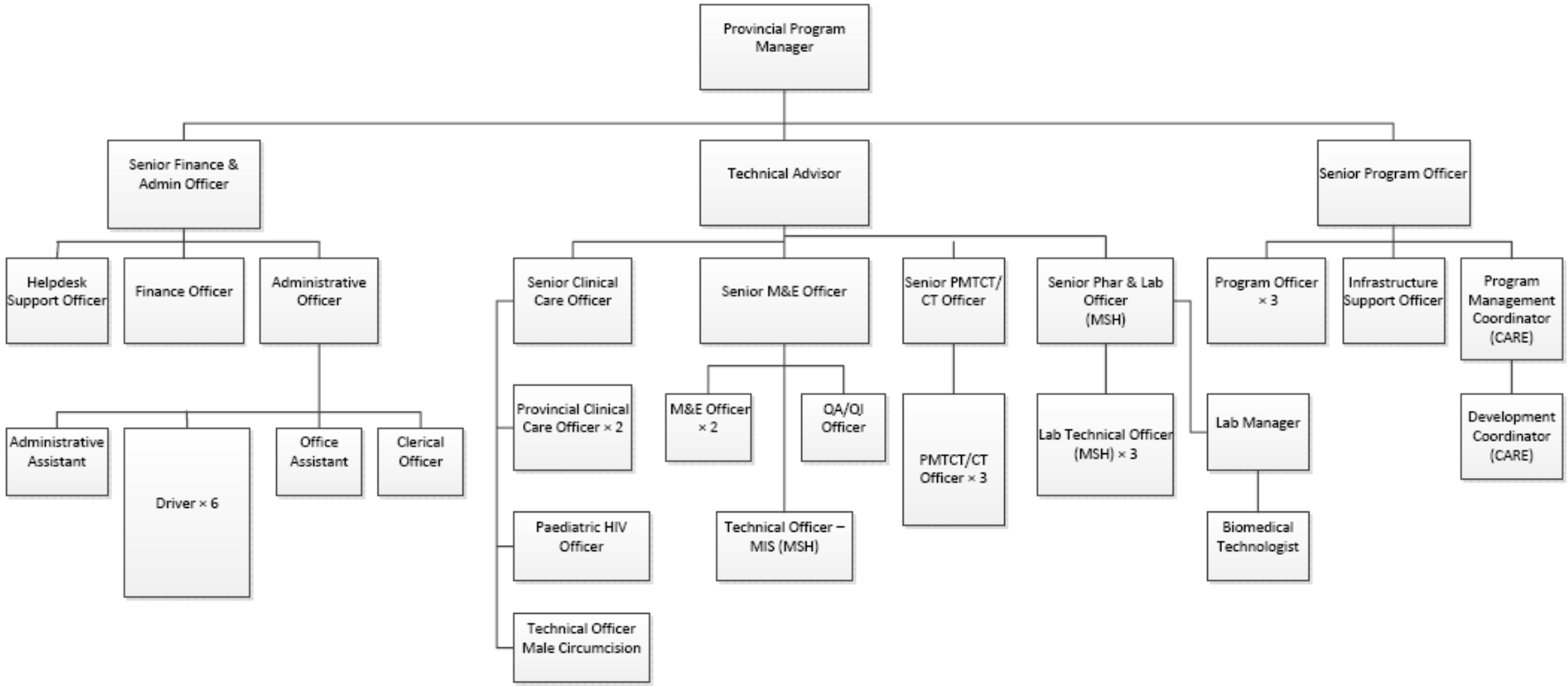
ZPCT II Organogram: Lusaka Programs



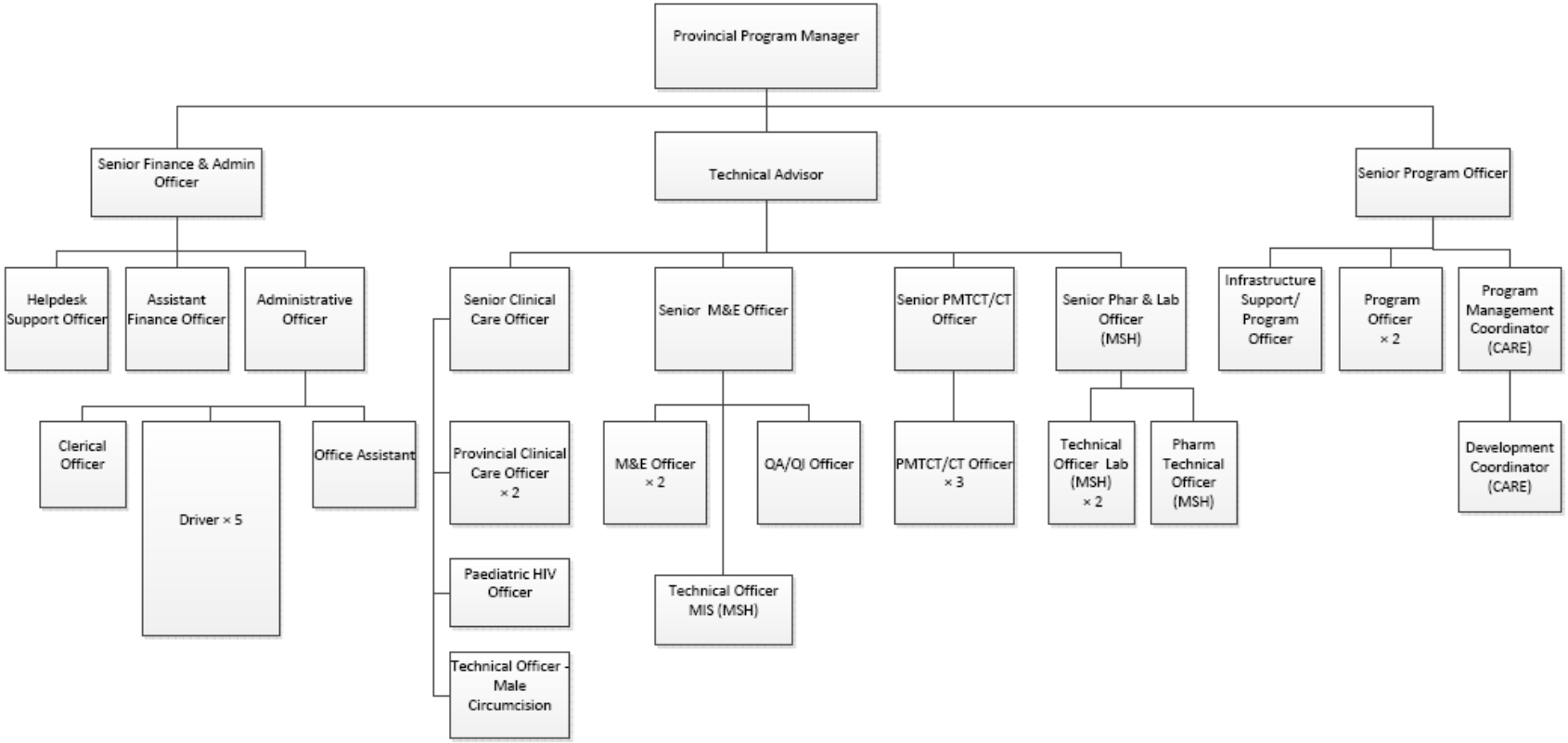
ZPCT II Organogram: Lusaka Finance & Administration



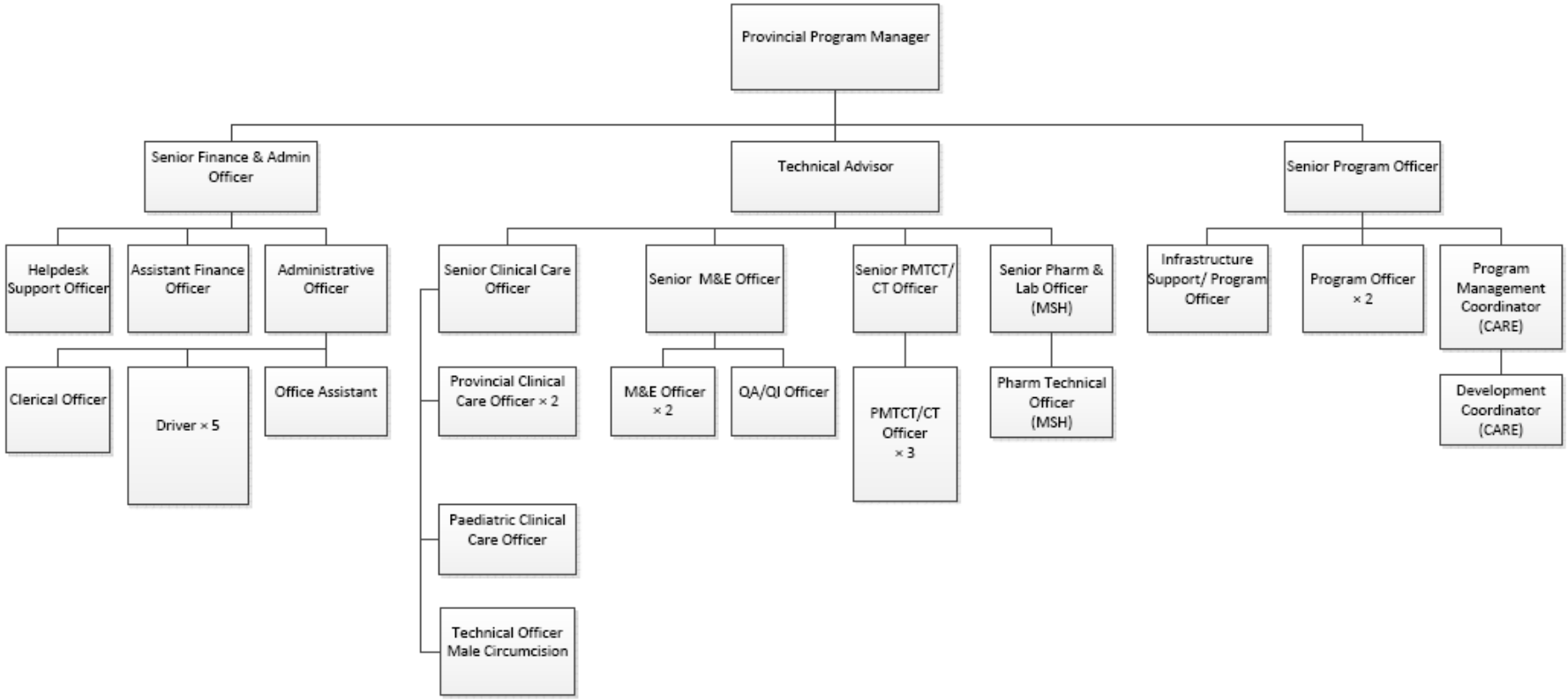
ZPCT II Organogram: Copperbelt Province



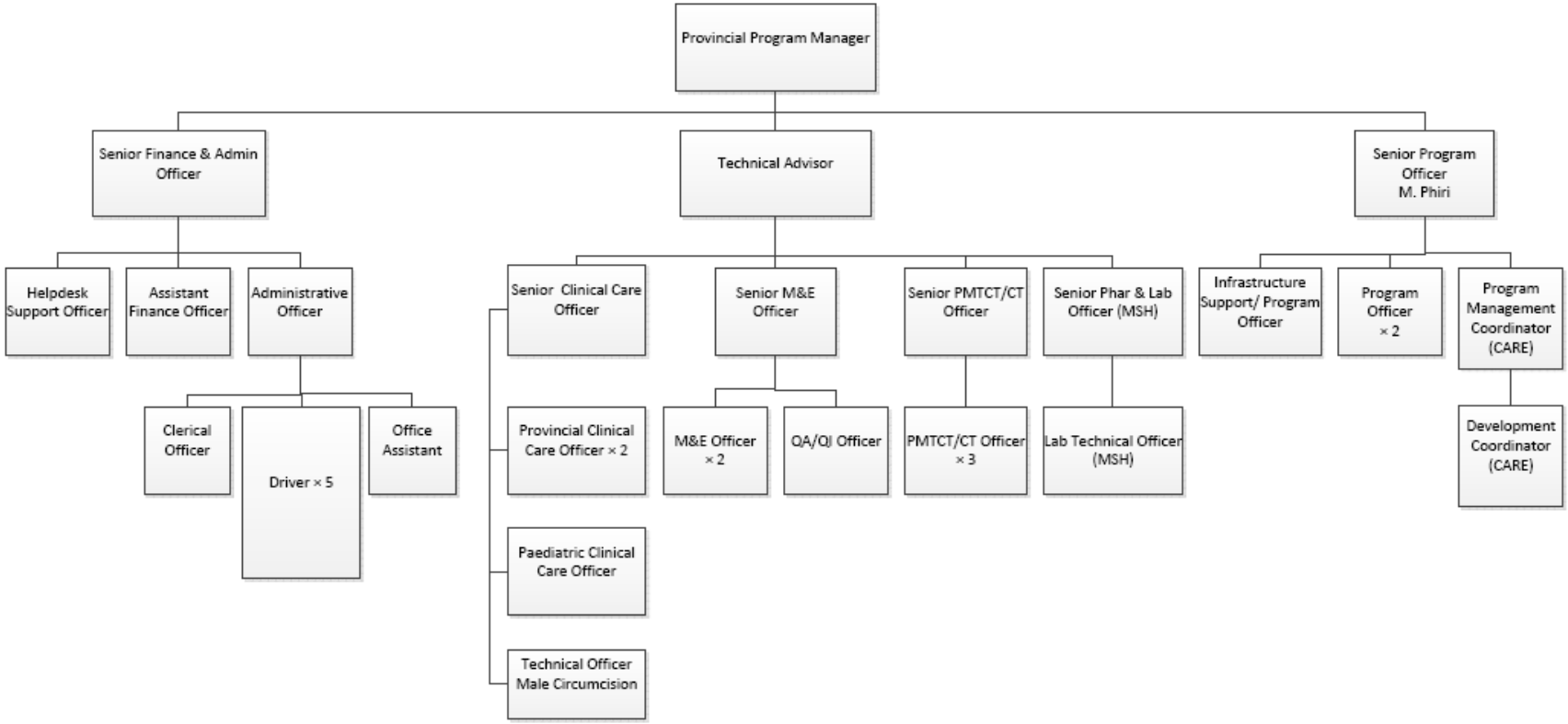
ZPCT II Organogram: Northern Province



ZPCT II Organogram: Luapula Province



ZPCT II Organogram: Central Province



ZPCT II Organogram: Northwestern Province